

MAIL TO:
DEPARTMENT OF TAXATION
1868 EAST PERRY STREET
PORT CLINTON, OHIO 43452-1499
ASSISTANCE CALL: (419) 734-5522
HOURS: 8:00 to 4:00 MON-FRI

FOR CALENDAR YEAR 2015

or
FISCAL PERIOD _____ to _____
Due by Federal due date

CITY OF PORT CLINTON INCOME TAX RETURN

FILING REQUIRED EVEN IF NO TAX DUE

Office Use

PLEASE ENTER ALL NAMES, YOUR ADDRESS, AND ALL SOCIAL SECURITY NUMBERS ABOVE

Do you own this property? Yes No
Rent? Yes No
Name, address and phone number of landlord:

PORT CLINTON ACTIVE MILITARY (DATES IN AND OUT) _____
MOVE IN DATE _____ UNDER 18 (DATE OF BIRTH) _____
MOVE OUT DATE _____ RETIRED (YEAR) _____

ALL W-2(s), 1099(s), FEDERAL SCHEDULES MUST BE ATTACHED, YOUR RETURN IS INCOMPLETE IF THIS INFORMATION IS NOT INCLUDED, and you may be subject to a late filing fee.

ATTACH W-2(s) HERE

- 1. Enter gross wages, salaries, tips, bonuses, commissions [from W-2(s)] and other employee compensation \$ _____
- 2. Income from Federal Schedules and 1099 MISC (**ATTACH ALL COPIES**) \$ _____
- 3. Adjusted Net Income Subject to Port Clinton Tax (Add Line 1 and 2) \$ _____
- 4. Port Clinton Income Tax rate of 1.5 % (multiply 1.5% x Line 3) \$ _____
- 5. PAYMENTS MADE: (A) Port Clinton City tax withheld \$ _____
(B) On 2015 Estimated tax and prior overpayment \$ _____
(C) Tax paid to other city(s) (Limited to 1%) \$ _____
(D) TOTAL of Payments (Lines A,B & C) \$ _____
- 6. TAX DUE (Balance MUST accompany this return) [Line 4 less Line 5 (D)]..... \$ _____
- 7. PENALTIES: (A) [] Underpayment \$50.00 (B) [] Penalty (1.5%/mo.) \$ _____ (C) [] Failure to file timely \$50.00...(X)\$ _____
(D) [] Interest 1.5% per month\$ _____
- 8. TOTAL OF TAX, PENALTY AND INTEREST DUE (Line 6 plus Line 7) \$ _____
- 9. OVERPAYMENT CLAIMEDCredited to next year \$ _____ Amount Refunded \$ _____

DECLARATION OF ESTIMATED TAX FOR 2016

- 10. Total income subject to tax \$ _____ multiply by tax rate of 1.5% for gross tax of \$ _____
- 11. Less expected tax credits:
 - A. Tax withheld and remitted by Port Clinton Employer \$ _____
 - B. Payments to other city(s) (Tax credit limited to .50%) \$ _____
 - C. TOTAL CREDITS [Total of 11(A) and 11(B)] \$ _____
- 12. 2016 NET TAX DUE [Line 10 less Line 11 (C)] \$ _____
- 13. Amount due with Declaration (Not less than 22.5% of Line 12) \$ _____
- 14. LESS overpayment on last year's Final Return or previous payment on this Estimate \$ _____
- 15. Total of this Estimated Payment DUE \$ _____

16. TOTAL AMOUNT PAID \$ _____ (Line 8) + \$ _____ (Line 15) = \$ _____
Amount less than five dollars (\$5.00) Shall not be collected or refunded. Make check payable to: CITY OF PORT CLINTON TAX DEPT.

I certify I have examined this return (including accompanying schedules and statements) and to the best of my knowledge and belief it is true, correct, complete and the figures used herein are the same as used for federal income tax purposes.

Telephone Number _____

Signature of Tax Practitioner _____

Signature of Taxpayer _____ Date _____

Address of Tax Practitioner _____

Signature of Spouse _____ Date _____

Telephone Number _____

May the city discuss this return with tax preparer? YES NO

IF YOU ONLY HAVE W-2 INCOME YOU DO NOT NEED TO FILL OUT THIS PAGE

FID or SS# _____

YOU MUST ATTACH APPROPRIATE FEDERAL FORMS AND/OR SCHEDULES

BUSINESS & OTHERS INCOME

A. NET INCOME or (LOSS) FROM
 Sole Proprietorship(s) - Schedule C
 Partnership(s) - Form 1065 with Schedule K & Schedule K-1(s)
 Corporation(s) - Form 1120 or 1120S with Schedule K or Schedule K-1(s)
 Farming - Schedule F
 Schedule E, including Page 2

TOTAL..... \$ _____

B. OTHER INCOME not reported elsewhere (1099-MISC, non-employee compensation)
 Received From _____ Purpose _____ Amount \$ _____

C. 1. Line m of Schedule X \$ _____ 2. Line z of Schedule X \$ _____ (TOTAL of C1 and C2) + - \$ _____

D. TOTAL A, B, AND C \$ _____

E. Amount of Line D, (Total Taxable) x _____% (form Step 5 of Schedule Y) \$ _____
 (Enter on Page 1, Line 2)

(Note: Loss from business activity may NOT be used as a deduction from wage or salary earnings)
 (NO NET OPERATING LOSS CARRIED FORWARD ALLOWED)

Schedule X, RECONCILIATION WITH FEDERAL INCOME TAX RETURN

ITEMS NOT DEDUCTIBLE		ITEMS NOT TAXABLE	
a. Capital Losses (excluding ordinary losses)	\$ _____	n. Capital Gains (excluding ordinary gains)	\$ _____
b. Expenses incurred in the production of non-taxable income (at least 5% of line z)	\$ _____	o. Interest income earned or accrued	\$ _____
c. Sick pay not included on Line 1	\$ _____	p. Dividends	\$ _____
d. Taxes based on income "State/City" paid and accrued	\$ _____	q. Unreimbursed travel expense (per Federal Form 2106) (see instructions)	\$ _____
e. Net Operating Loss deduction per federal return	\$ _____	r. Others (Explain)	\$ _____
f. Payments to partners or S Corp officers	\$ _____	\$ _____
h. Contributions	\$ _____	\$ _____
i. Other expenses (Explain)	\$ _____	\$ _____
m. TOTAL (enter on Line C1 above)	\$ _____	z. TOTAL (enter on Line C2 above).....	\$ _____

SCHEDULE Y, BUSINESS ALLOCATION FORMULA

	a. Located Everywhere	b. Located in Port Clinton	c. Percentage (b/a)
Step 1. Average original cost of real and tangible personal property	\$ _____	\$ _____	
Gross annual rentals paid, multiplied by 8	\$ _____	\$ _____	
TOTAL Step 1	\$ _____	\$ _____	_____ %
Step 2. Wages, salaries, and other compensation paid to all employees	\$ _____	\$ _____	_____ %
Step 3. Gross Receipts from Sales made and/or Work or Services Performed	\$ _____	\$ _____	_____ %
Step 4. Total percentages			_____ %
Step 5. Average percentage (divide total percentages by the number of percentages used.) (Enter on Line E above.)			_____ %

PLEASE ANSWER QUESTIONS BELOW

[] RESIDENT [] PART-YEAR RESIDENT [] NON-RESIDENT
 [] Married Filing Jointly [] Married Filing Separately [] Other
 [] SS# of Spouse _____ Name of Spouse _____

Nature of Business or Occupation _____

Did you have Employees? [] YES [] NO Did you issue 1099-MISC for non-employee compensation? [] YES [] NO