

2014 BUCYRUS INCOME TAX RETURN

P.O. Box 28, Bucyrus, OH 44820-0028 • DUE ON OR BEFORE APRIL 15, 2015

(LIST BOTH NAMES AND SOCIAL SECURITY NUMBERS IF FILING A JOINT RETURN)

NAME(S) _____
PHYSICAL ADDRESS: _____
MAILING ADDRESS: _____
CITY _____ STATE _____ ZIP _____

TAXPAYER SSN: _____
TAXPAYER DATE OF BIRTH: _____
SPOUSE SSN: _____
SPOUSE DATE OF BIRTH: _____
PHONE NUMBER: _____
IF YOU RENT, NAME AND ADDRESS OF LANDLORD: _____

IF YOU MOVED DURING THE YEAR, YOU MUST COMPLETE LINES BELOW:
DATE OF MOVE: IN: _____ OUT: _____
PRESENT ADDRESS: _____
PREVIOUS ADDRESS: _____

A I AM NOT REQUIRED TO COMPLETE SECTION B OF THIS TAX RETURN BECAUSE:
 UNDER 18 YEARS OF AGE ONLY INCOME IS FROM NON TAXABLE SOURCE, LIST SOURCE _____
 LIST DATE OF BIRTH _____ MOVED FROM BUCYRUS PRIOR TO 1/1/14, LIST DATE OF MOVE _____
 TOTAL/PERMANENT DISABILITY TAXPAYER DECEASED, LIST DATE OF DEATH _____
 RETIRED PRIOR TO 1/1/14 - PLEASE REFER TO ENCLOSED WAIVER _____

B

EMPLOYER'S NAME	PHYSICAL WORK LOCATION (CITY)	AMOUNT OF BUCYRUS INCOME TAX WITHHELD	CITY TAX WITHHELD IN OTHER CITIES CANNOT EXCEED 2.00%	TOTAL W-2 WAGES

- 1. TOTALS (ATTACH ALL W-2'S) 1. _____
- 2. INCOME OTHER THAN WAGES FROM WORKSHEETS ON REVERSE (ATTACH ALL SUPPORTING DOCUMENTATION) 2. _____
- 3. TOTAL INCOME (ADD "TOTAL W-2 WAGES" FROM LINE 1 AND "OTHER INCOME" FROM LINE 2) 3. _____
- 4. TAX - LINE 3 MULTIPLIED BY 2.0% (.020) 4. _____
5A. BUCYRUS TAX WITHHELD 5A. _____
B. CREDIT FOR OTHER CITY TAX WITHHELD (CANNOT EXCEED 2.00%) B. _____
C. 2014 ESTIMATED PAYMENTS C. _____
D. TOTAL TAX CREDITS (ADD LINES A, B, C) 5D. _____
- 6. IF LINE 4 IS GREATER THAN LINE 5D ENTER BALANCE DUE (NOT LESS THAN \$2.01) 6. _____
- 7. IF LINE 5D IS GREATER THAN LINE 4 ENTER OVERPAYMENT (NOT LESS THAN \$2.01) 7. _____
AMOUNT TO BE: REFUNDED _____ OR CREDITED TO 2015 _____
- 8. PENALTY _____ AND INTEREST _____ LATE FILING FEE _____ 8. _____
- 9. BALANCE DUE (ADD LINE 6 AND 8) Payable to Bucyrus Income Tax Dept. 9. _____

DECLARATION OF ESTIMATED TAX FOR YEAR 2015

- 10. TOTAL ESTIMATED TAX FOR 2015 (2% X INCOME) 10. _____
- 11. LESS CREDITS (INCLUDING PRIOR YEAR CREDIT FROM LINE 7) 11. _____
- 12. NET TAXES OWED 12. _____
- 13. AMOUNT PAID WITH THIS DECLARATION (1/4 OF BOX 12) 13. _____

14. TOTAL DUE (ADD LINES 9 AND 13) 14. _____

C I certify I have examined this return including accompanying schedules and statements, and to the best of my knowledge and belief it is true, and correct. If this return was prepared by a Tax Practitioner, may we contact your practitioner directly with questions regarding the preparation of this return? YES NO

Your Signature Date

Spouse's signature (if filing jointly). (BOTH must sign even if only one had income.)

Signature & address of preparer (if other than taxpayer) Date

<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover
Card # _____	Exp. Date _____	Card Verification # (3 Digit) _____
Name on Card _____		
Signature _____		

FOR TAX OFFICE USE ONLY

W-2 SCH E AUDIT _____
 1099 SCH F PAID _____
 2106 K-1 CHECK/MO # _____ CASH
 SCH C OTHER: BALANCE DUE _____

WORKSHEET A - OTHER INCOME (From Schedules and Attachments)

TYPE	LOCATION	Net Taxable Gain From Fed. Schedule	Net Taxable Loss From Fed. Schedule
Proprietorship Income (Schedule C)			
Rental Income (Schedule E)			
Reportable Partnership Income (Schedule E/K-1)			
Farm Income (Schedule F)			
Other Income			
Not less than - 0 -			To Worksheet C

Rentals may aggregate profits for a net rental income, but no net loss may be taken against other income. All other businesses may or may not aggregate profits and losses of separate businesses for a net profit depending on if such profits and losses are aggregated on Schedule SE (1040) for Federal Income Tax purposes. In no case may business losses be taken against wages or other compensation earned as an employee.

Only the resident partner's share of partnership or S-Corp income or losses not attributable to Bucyrus should be included on this return.

WORKSHEET B - NON-RESIDENT DAYS OUT FORMULA

VACATION DAYS ____ (+) HOLIDAYS ____ (+) SICK LEAVE DAYS ____ = (1) ____
 260 DAYS LESS (1) ____ = (2) ____ DAYS WORKED
 SALARY \$ _____ ÷ (2) ____ = (3) \$ _____ AVERAGE RATE PER DAY WORKED
 NUMBER OF DAYS WORKED OUT OF BUCYRUS (4) ____
 (2) ____ LESS (4) ____ = ____ DAYS WORKED IN BUCYRUS
 (4) ____ X (3) ____ = (5) \$ _____ WAGES NOT TAXABLE FOR BUCYRUS

*IF 12 OR LESS DAYS WERE WORKED IN BUCYRUS, TRANSFER "SALARY" TO WORKSHEET C INSTEAD OF LINE (5).

YOU MUST ATTACH A SCHEDULE OF DATES AND LOCATIONS WORKED OUTSIDE OF BUCYRUS.

WORKSHEET C - NET INCOME/ADJUSTMENT

TOTAL FROM WORKSHEET A \$ _____
 NOT LESS THAN -0-
 EMPLOYEE BUSINESS EXPENSE - \$ _____
 MUST ATTACH FORM 2106
 WAGES NOT TAXABLE - \$ _____
 FROM WORKSHEET B
 NET INCOME / ADJUSTMENT..... \$ _____
 (TO PART B, LINE 2)

SCHEDULE Y - BUSINESS APPORTIONMENT FORMULA

Sole-proprietorships of non-residents, which do business both inside and outside of Bucyrus, are only required to pay income tax on the portion of the profits earned while conducting business in Bucyrus. The business apportionment formula shown below must be used to determine the portion of net profits apportioned to the City of Bucyrus.

	A. Located Everywhere	B. Located in Bucyrus	C. Percentage (B ÷ A)
Step 1. Average original cost of real and tangible personal property	\$ _____	\$ _____	
Gross annual rentals multiplied by 8	\$ _____	\$ _____	
Total step 1	\$ _____	\$ _____	_____ %
Step 2. Gross receipts from sales and work or services performed	\$ _____	\$ _____	_____ %
Step 3. Total wages, salaries, commissions, and other compensation of all employees	\$ _____	\$ _____	_____ %
Step 4. Total percentages			_____ %
Step 5. Average percentage (Divide total percentages by number of percentages used - Multiply by Net Taxable Gain from Federal Schedule C and enter on Worksheet A)			<input type="text" value=""/> %

SCHEDULE H - OTHER INCOME NOT INCLUDED ON FEDERAL SCHEDULES

RENTAL INCOME (if a Federal Return is not required)

1. Location of Property	2. Amount of Rent Received	3. Mortgage Payment	4. Repairs	5. Other Expenses	6. Total Expenses (add boxes 3, 4 & 5 together)	7. Total Income or Loss (subtract box 6 from box 2)

INCOME FROM SALES OR SERVICES (if a Federal Return is not required)

1. Type of Products Sold or Services Provided	2. Total Received from Customers	3. Total Paid for Products or Materials	4. Total Income or Loss (subtract box 3 from box 2)

Enter Total Income or Loss (box 7 for Rental Income or box 4 for Income from Sales or Service) under "Other Income" on Worksheet A.