VILLAGE OF FREEPORT

PO BOX 176
FREEPORT, OHIO 43973

ADDRESS CORRECTION REQUESTED

TO:

IMPORTANT

THIS IS YOUR INCOME TAX RETURN AND DECLARATION
FILING DUE DATE IS APRIL 15

FILING INSTRUCTIONS

- FILING DUE DATE IS **APRIL 15**. RETURNS OR AN EXTENSION REQUEST MUST BE FILED BY THAT DATE TO AVOID PENALTY.
- MAKE REMITTANCE PAYABLE TO THE VILLAGE OF FREEPORT. TAX PAYMENTS ARE DUE IN FULL AT THE TIME OF FILING.
- FURTHER ASSISTANCE OR ADDITIONAL FORMS MAY BE OBTAINED BY CALLING THE TAX OFFICE AT **(740) 658-3440**.

GENERAL INSTRUCTIONS

1. **WHO MUST FILE:** ALL VILLAGE RESIDENTS WHO HAVE EARNED INCOME ARE SUBJECT TO THE VILLAGE INCOME TAX AND MUST FILE A RETURN.

ALL NON-RESIDENTS, INCLUDING INDIVIDUALS, BUSINESSES, PARTNERSHIPS, CORPORATIONS OR OTHERS, WHO HAVE INCOME DERIVED FROM WITHIN THE VILLAGE OF FREEPORT AND FOR WHOM THE TAX IS NOT WITHHELD BY THEIR EMPLOYER, MUST FILE A RETURN.

2. **WHAT IS TAXABLE:** ALL SALARIES, WAGES, COMMISSIONS, AND OTHER COMPENSATION, INCLUDING BUT NOT LIMITED TO BONUSES, DIRECTORS FEES, INCENTIVE PAYMENTS, TIPS, SEVERANCE PAY, SICK AND VACATION PAY, EXCESS GROUP LIFE INSURANCE PREMIUMS OR OTHER COMPENSATION EARNED, RECEIVED, ACCRUED OR DEFFERED BEFORE ANY DEDUCTIONS, AND NET PROFITS ATTRIBUTABLE TO THIS MUNICIPALITY.

3. **NON-TAXABLE INCOME:** MILITARY PAY, SOCIAL SECURITY BENEFITS, INTEREST, DIVIDENDS, ALIMONY, CHILD SUPPORT, UNEMPLOYMENT COMPENSATION, RETIREMENT PENSIONS, AND THE NET PROFITS OF ANY CIVIC, CHARITABLE, RELIGIOUS, FRATERNAL OR OTHER ORGANIZATION AS SPECIFIED IN OHIO REVISED CODE SECTION 718.01.

4. **DOCUMENTATION:** ALL RETURNS MUST BE ACCOMPANIED BY LEGIBLE W-2 FORMS AND OTHER SUPPORTING FEDERAL SCHEDULES.

5. **CREDITS:** RESIDENTS WHO ARE EMPLOYED IN ANOTHER MUNICIPALITY AND PAY AN INCOME TAX ON WAGES TO THE OTHER MUNICIPALITY ARE ALLOWED A CREDIT. INCOME TAX PAID ANOTHER CITY OR TAX CREDIT CANNOT EXCEED 1% OF GROSS EARNINGS IN ANOTHER CITY. TAX CREDIT CANNOT EXCEED TAX LIABILITY.

6. **PART-YEAR RESIDENTS:** RESIDENTS WHO RESIDE IN THE VILLAGE FOR ONLY PART OF THE TAX YEAR MUST FILE A RETURN ALLOCATING THEIR INCOME ON A PRO-RATA BASIS.

7. **EXTENSIONS OF TIME TO FILE:** ALL TAXPAYERS UNABLE TO FILE A COMPLETED TAX RETURN BY THE DUE DATE MUST FILE AN EXTENSION OF TIME TO FILE BEFORE THE DUE DATE OF THE RETURN. COPIES OF FEDERAL EXTENSION FORMS OR OTHER WRITTEN REQUESTS WILL BE ACCEPTED.

8. **PENALTY AND INTEREST:** RETURNS RECEIVED AFTER THE DUE DATE OF THE RETURN WILL BE SUBJECT TO A $25.00 PENALTY IF AN EXTENSION REQUEST HAS NOT BEEN FILED WITH THIS OFFICE.

FILE WITH:
Freeport Income Tax Dept.
P.O. Box 176
Freeport, Ohio 43973
on or before APRIL 15.

VILLAGE OF FREEPORT
INDIVIDUAL
INCOME TAX RETURN

MAKE CHECK OR MONEY ORDER
PAYABLE TO
FREEPORT INCOME TAX

TAX PERIOD BEGINNING _____ 20 _____ AND ENDING _____ 20 _____

YOUR SOCIAL SECURITY NUMBER	SPOUSE'S SOCIAL SECURITY NUMBER

OFFICE USE ONLY

Processed by _____

Tax Credit and or amount paid on declaration of estimated tax for period ending:

Amount paid with return:

ATTENTION: W-2's MUST accompany INCOME TAX RETURN

ATTACH W-2's HERE

1. Gross Compensation (Husband & Wife)		$
2. Net Profit from Rentals– (Schedule G, Page 2)		
3. Net Profit from Business or Profession– (Schedule C, Page 2)		
4. Income from Partnership, Etc., including farms– (Schedule H, Page 2)		$
5. Total Income subject to Freeport Income Tax		$
6. Freeport Tax, 1% of Item 5		
7. How much have you paid on your Freeport Income Tax:		
A. Payments on Declaration of Estimated Freeport Income Tax	$	
B. Freeport Tax withheld from my wages	$	
C. Income Tax paid another City (Cannot exceed 1% of gross earnings in other city. Tax credit cannot exceed tax liability shown on line 6.)	$	
D. Other credits allowed–Explain	$	
Total credits claimed		$
8. Balance of Tax Due (Make check to: Village of Freeport–Income Tax)		$
9. If your payments (Item 7) are larger than your tax (Item 6) enter Overpayment Here		$

10. Use X to indicate whether overpayment is to be returned to you ☐ or applied against your Declaration of Estimated Tax ☐ .

DECLARATION OF ESTIMATED INCOME TAX FOR NEXT YEAR

1. Total Estimated Income subject to Freeport Income Tax	$	
2. Freeport Income Tax 1% of amount shown on line 1		$

TAX CREDITS

3. a. Tax to be withheld by employer and remitted to Freeport	$	
b. Tax to be withheld by employer for another city (not to exceed 1% of earnings therein) Name of Other City	$	
c. CREDIT for overpayment on Freeport final return (allowable only if credit was elected in return)	$	
d. PAYMENTS made on prior declaration for the period IF this is an amended declaration	$	
e. Other credits allowed – explain	$	
4. TOTAL CREDITS		$
5. NET ESTIMATED TAX DUE (Line 2 less Line 4)		$
6. Amount Due with Declaration (1/4 of Line 5)		$
7. AMOUNT PAID with this declaration–(Make check to Village of Freeport–Income Tax)		$

CERTIFICATION

I declare that the information contained in this tax return has been examined by me and to the best of my knowledge and belief, is a true and complete return.

(Signature of Firm or person, other than taxpayer, preparing return) _____ Date _____ (Signature of Taxpayer) _____ Date _____

SCHEDULE C
PROFIT OR LOSS FROM BUSINESS OR PROFESSION

(NOTE–IF COLUMN A IS USED, DISREGARD COLUMN B)

	Column A As shown by Federal Return	Column B Allocable to Barnesville
1. Net Profit or Loss per your Federal Income Tax Return Form 1040	$	$
2. Add items not deductible under Freeport Income Tax Ordinance (Schedule X)		
3. Deduct items not taxable under Freeport Income Tax Ordinance (Schedule X)		
4. Adjusted Net Profit	$	$
5. .....% (as determined by Business Allocation Formula) of line 4, Col. A		x x x x x x x x x x
6. Net Profit–Line 5, Column A; or Line 4, Column B (Enter on line 3–Page 1)	$	$

SCHEDULE X
ADJUSTMENT OF NET PROFIT OR LOSS LINE 1, SCHEDULE C ABOVE, TO EXCLUDE INCOME NOT TAXABLE, AND EXPENSES NOT ALLOWABLE, UNDER FREEPORT INCOME TAX ORDINANCE.

Schedule X entries are allowed only to the extent directly included in determination of net profits as shown in your Federal Return.

Items Not Deductible–Add		Items Not Taxable–DEDUCT	
a. Withdrawal by proprietor or partners, if included in any expense accounts.	$	e. Interest Received	$
b. All income taxes paid or accrued		f. Income from Royalties, Patents and Copyrights	
c. Net operating loss carry-forward, from Federal Return		g. Dividends Received	
d. Capital losses		h. Capital Gains	
Total Additions (enter on line 2, Schedule C above	$	**Total Deductions (enter on line 3, Schedule C above**	$

SCHEDULE G–INCOME FROM RENTS not included in Schedule C above

(Copy from Federal Income Tax schedule)

Location of Property	Amount of Rent	Depreciation	Repairs	Other Expense	Net Income
.....	$.....	$.....	$.....	$.....	$.....
.....	.....	.....	.....	.....	.....
.....					
Total	$	$	$	$	$

(If total gross monthly rental from all properties does not exceed $100.00. DO NOT show any Net Income here) - $_____

SCHEDULE H

OTHER TAXABLE INCOME not included in Schedules C or G, such as individual's distributive share of income from resident or non-resident partnership on which city income tax has not been paid by the partnership entity; estates and trusts; director and other fees; farm and from other sources.

Received From	For	
.....	.....	$.....
.....	.....	.....
.....	.....	$_____

SCHEDULE Y
Business Allocation Formula

Use Dollars Only

	a. Located Everywhere	b. Located in Freeport	c. Percentage (b) divided by (a)
Step 1. Average Value of Real & Tangible Personal Property	$	$	x x x x x x x x
Gross Annual Rentals multiplied by 8			x x x x x x x x
Total Step 1	$	$	%
Step 2. Net Sales	$	$	%
Step 3. Wages, Salaries Paid	$	$	%
Step 4. Total Percentages	x x x x x x x x x x x x	x x x x x x x x x x x x	%

Step 5. Average percentage (Divide total percentages by number of percentages used: Carry to Line 5- Schedule C above)..... _____%