

2000 INCOME TAX RETURN 2000

BLOOMDALE, OHIO, INCOME TAX

For the Calendar Year 2000 or Fiscal Year Beginning

File this return with the Income Tax Department, Bloomdale, Ohio, 44817, on or before April 30, 2001, or within four months after the close of a fiscal year.

This return must comply with City Income Tax Ordinances, and with their supplemental regulations.

LATE FILING AND LATE PAYMENT PENALTY OF \$5.00 PER MONTH

Received, Extended, Audit, Tax, Unpaid, Int. and Pen., Due, Total, Filed. Includes checkboxes for Check and Cash.

Make appropriate changes. Include account number. NAME: C/O: ADDRESS: CITY:

Soc. Sec. No.: Yours, Spouse. If you moved in 2000: Into Bloomdale on, From Bloomdale on

SCHEDULE A

Enter your TOTAL wages, salaries, bonuses, incentive payments, commissions BEFORE ANY PAYROLL DEDUCTIONS received between January 1st and December 31, 2000, from each employer or source. INCLUDE SICK PAY.

Table with 5 columns: (A 1) Name of Employer, (A 2) City or Twp. Where Employed, (A 3) Bloomdale Tax Withheld, (A 4) Other City Tax Withheld, (A 5) Wages, etc.

STAPLE FORMS W-2 ACROSS TOP, REAR.

- 1. Total Wages, etc. (IF NO OTHER TAXABLE INCOME, ENTER TOTAL WAGES HERE AND COMPUTE TAX ON LINE 7)
2. Other Income (from Schedules C, D, E and F, page 2) or from Federal Income Schedules attached
3. Total Income (line 1 plus 2)
4. a Add Items Not Deductible (from line m, Schedule X below, If Excluded in Line 3)
b Deduct Items Not Taxable (from line z, Schedule X below, If Included in Line 3)
c Add excess of line 4a over line 4b, or DEDUCT excess of line 4b over line 4a
5. a Adjusted Net Income (line 3 plus or minus line 4c)
b Amount Allocable to Bloomdale: % of Business Income ONLY in line 5a (from Schedule Y, page 2)
c LESS Allocable Net Loss per previous year's Bloomdale Income Tax Return. Limited to 5 years.
6. Amount subject to Bloomdale Income Tax (line 1, line 3, 5a or line 5b, plus or minus line 5c)
7. Bloomdale Income Tax, 1% of line 1 or line 6
8. Tax Credits: (a) Bloomdale Tax Withheld (Col. A-3 above)
(b) Other City Tax Withheld (Col. A-4 credit up to 1/2 of 1% of wages)
(c) Payments on Estimated Tax
9. Overpayment: Credit on 2001 Estimate \$ Refund \$ Late Charges \$
10. BALANCE OF TAX DUE: Make check payable to VILLAGE OF BLOOMDALE. If balance due or refund due is less than \$1.00, no payment need be made or will be made.

SCHEDULE X — RECONCILIATION WITH FEDERAL INCOME TAX RETURN

Items Not Deductible

Items Not Taxable

- a. Capital Loss (Excluding Ordinary Losses)
b. Expenses applicable to non-taxable income
c. All Income Taxes paid or accrued
d. Net operating loss deduction per Federal Return
e. Payments to partners (from Federal Form 1065)
f. Sick pay not included in line 1 above
g. Contributions, etc.
m. Total Additions (enter as line 4a above)

- n. Capital Gain (Excluding Ordinary Gains)
o. Interest earned or accrued
p. Dividends (less Federal exclusion)
q. Income from Patents and Copyrights
r. Unreimbursed travel expenses (Attach Fed. Form 2106)
s. Other
z. Total Deductions (enter as line 4b above)

The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated and that the figures used herein are the same as used for Federal income tax purposes, and if an audit of Federal return is made which affects tax liability shown on this return, an amended return will be filed within three months.

Signature of person preparing this return other than Taxpayer

Signature (Title) (Date)

Name and Address of Firm or Employer

Signature Telephone