

TAX OFFICE HOURS:
Monday thru Friday: 1-4
or by appointment

Assistance is available
at the Tax Office,
120 N. Main Street
Gibsonburg, Ohio 43431
419-637-6004

THIS IS NOT A FEDERAL RETURN
INCOME TAX RETURN 2009

GIBSONBURG, OHIO INCOME TAX
FOR THE CALENDAR YEAR 2009
FOR FISCAL YEAR BEGINNING _____, ENDING _____

**ALL RESIDENTS MUST
FILE A TAX RETURN
UNLESS THEY ARE
RETIRED WITH NO
TAXABLE INCOME.**

This return must comply with Ordinance 839, as amended, and with its supplemental regulations.

PLEASE INSERT NAME & ADDRESS

NAME: _____
NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

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

Taxpayer Social Security No. _____
Spouse Social Security No. _____
If you moved: Into Gibsonburg on _____
From Gibsonburg _____
List any year that IRS changed your taxable income _____
Will you have taxable income for 2010? No Yes

SCHEDULE A

ENTER YOUR TOTAL WAGES, salaries, bonuses, incentive payments, commissions BEFORE ANY PAYROLL DEDUCTIONS, received between January 1st and December 31 from each employer or source. INCLUDE SICK PAY that is paid by employer and amounts deducted as Federal Tax Sheltered Annuities or Deferred Compensation.

(A1) Name of Employer	(A2) City or Twp. Where Employed	(A3) Gibsonburg, Ohio TaxWithheld	(A5) Wages, etc.
	\$	\$	
TOTAL	\$	\$	\$ XXXXXXXXXXXXXXX

****STAPLE FORMS W-2 ACROSS TOP, REAR.****

1. Total Wages, etc. (IF NO OTHER TAXABLE INCOME ENTER TOTAL WAGES HERE AND ON LINE 4)..... (1)	\$	_____
2. Other Income (Lottery & Gambling winnings) and (from page 2 or Federal Income Schedules attached)..... (2)	\$	_____
3. Total Income (line 1 plus 2)..... (3)	\$	_____
4. Amount subject to Gibsonburg, Ohio Income Tax (line 1 or line 3)..... (4)	\$	_____
5. Gibsonburg, Ohio Income Tax, 1% of line 4..... (5)	\$	_____
6. Tax Credit: Gibsonburg, Ohio Tax Withheld (A 3)..... (6)	\$	_____
7. Tax Payments:		
(a) Prior year credit.....	\$	_____
(b) Estimates paid.....	\$	_____
Total..... (7)	\$	_____
8. Line 5 Less Line 6 & 7 (If minus figures, enter on line 11 and mark disposition)..... (8)	\$	_____
9. Additional Charges:		
(a) Interest (_____ % of line 8).....	\$	_____
(b) Penalty (_____ % of line 8).....	\$	_____
(c) Late filing Penalty (\$15.00 in addition to lines 9a & 9b if filed late).....	\$	_____
(d) Total of lines (9a, 9b, & 9c)..... (9)	\$	_____
10. TOTAL DUE: (Line 8 plus line 9d) - Make check payable to GIBSONBURG VILLAGE INCOME TAX. DUE WITH RETURN ... (10)	\$	_____
11. Overpayment: Credit on next year's return: Estimate: \$ _____ Refund \$ _____ (11)	\$	_____

FILE THIS RETURN WITH INCOME TAX DEPARTMENT, 120 N. MAIN ST., GIBSONBURG, OHIO 43431 ON OR BEFORE APRIL 15

IF "RENT" IS RECEIVED, STATE FROM WHOM:

IF "RENT" IS PAID, STATE TO WHOM:

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.

CHECK BOX IF WE MAY DISCUSS THIS RETURN WITH YOUR PREPARER.

Signature of person preparing this return other than taxpayer

X

Signature (Title) (Date)

Name and Address of Firm or Employer

XX

Signature Telephone

DISREGARD THIS PAGE IF ENTIRE TAXABLE INCOME IS FROM SALARIES AND WAGES.

Note: A copy of the appropriate Federal Schedule is encouraged for Schedules C and E, and is required for Schedules D, F, and Z

SCHEDULE C Profit (Loss) from Business or Profession

Name Address Type of Business

- 1. Total Receipts, less Allowances, Rebates and Returns
2. Less (a) Cost of Goods Sold, or (b) Cost of Operations, whichever is applicable
3. Gross Profits from Sales, etc., (line 1 less line 2)
4. Dividends \$; Interest \$; Royalties \$
5. Rents Received, If Connected with Trade or Business
6. Other Business Income (Specify)
7. Total Business Income Before Deductions \$

BUSINESS DEDUCTIONS

- 8. Compensation of Officers \$
9. Salaries and Wages Not Deducted Elsewhere
10. Rents
11. Interest or Business Indebtedness
12. City Income Taxes on Business
13. Other Business Taxes
14. Bad Debts
15. Depreciation, Amortization, Depletion
16. Repairs
17. Commissions (Attach 1099)
18. Subcontracts (Attach List)
19. Other
20.
21.
22.
23.
24.
25.
26.
27.
28.
29.
30.
31. Total Business Deduction (total of lines 8 to 30) \$
32. Net Profit (Loss) \$

*Landlord's Name and Address

SCHEDULE D Total from Federal Schedule (attach copy)

\$

SCHEDULE E Rental and other Income

Table with 6 columns: Location of Property, Amount of Rent, Depreciation, Repairs, Other Expenses, Net Income. Includes a Totals row.

Other Income - Partnerships, Commissions, Fees, Tips, Etc. (Do not include interest or dividends.)

Table with 2 columns: Received From, For (describe). Includes dollar amounts.

SCHEDULE F Farm Income Attach Copy of Federal Schedule F or 4835

Location of Farm Total Income (or Loss) Schedule F \$

TOTALS Schedules C, D, E & F \$

SCHEDULE Y Business Allocation Formula

Table with 3 columns: a. Located Everywhere, b. Located in This Municipality, c. Percentage (b ÷ a). Includes steps 1 through 5 for property valuation and business allocation.

SCHEDULE Z Partnership Entity - Taxable Income Fed. Form 1065 including Schedules must be provided

\$