

TAX OFFICE HOURS:
Monday thru Friday: 8:30am - 4:00pm. 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 2010

GIBSONBURG, OHIO INCOME TAX
FOR THE CALENDAR YEAR 2010
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 2011? 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, 2011

IF RENT IS PAID OR RECEIVED, STATE TO OR FROM 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
(Indicate labor charges included)
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..... \$ _____ | 19. Other..... _____ |
| 9. Salaries and Wages Not Deducted
Elsewhere..... | 20. |
| 10. Rents..... | 21. |
| 11. Interest or Business Indebtedness..... | 22. |
| 12. City Income Taxes on Business | 23. |
| 13. Other Business Taxes | 24. |
| 14. Bad Debts..... | 25. |
| 15. Depreciation, Amortization, Depletion..... | 26. |
| 16. Repairs..... | 27. |
| 17. Commissions (Attach 1099) | 28. |
| 18. Subcontracts (Attach List..... | 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

Location of Property	Amount of Rent	Depreciation	Repairs	Other Expenses	Net Income
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Totals	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

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

Received From	For (describe)	\$	\$
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

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

	a. Located Everywhere	b. Located in This Municipality	c. Percentage (b ÷ a)
STEP 1. Average Value of Real & Tangible Personal Property	_____	_____	_____ %
Gross Amount Rentals Paid Multiplied by 8.....	_____	_____	_____ %
TOTAL STEP 1.....	_____	_____	_____ %
STEP 2. Gross Receipts From Sales Made and/or Work or Services Performed (see instructions)	_____	_____	_____ %
STEP 3. Wages, Salaries, and Other Compensation Paid	_____	_____	_____ %
STEP 4. Total Percentages.....	_____	_____	_____ %
STEP 5. Average Percentage (Divide Total Percentages by Number of Percentages Used)			_____ %

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

\$ _____