

THIS IS NOT A FEDERAL RETURN

2001 INCOME TAX RETURN 2001

MILLBURY, OHIO, INCOME TAX

For the Calendar Year 2001 for Fiscal Year Beginning

....., ending.....

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

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

Assistance is available at the Tax Office, Town Hall

Please Insert Name & Address

NAME:
C/O:
ADDRESS:
CITY:

Soc. Sec. No. Yours \_\_\_\_\_ Spouse \_\_\_\_\_
If you moved in 2001 Into Millbury on \_\_\_\_\_
From Millbury on \_\_\_\_\_
List any year that IRS changed your taxable income \_\_\_\_\_
Will you have 2002 taxable income? No \_\_\_\_\_ Yes \_\_\_\_\_

SCHEDULE A

ENTER YOUR TOTAL WAGES, salaries, bonuses, incentive payments, commissions BEFORE ANY PAYROLL DEDUCTIONS, received between January 1st and December 31, 2001 from each employer or source. INCLUDE SICK PAY that is paid by employer and amounts deducted as Federal Tax Sheltered Annuities or Deferred Compensation.

Table with 5 columns: (A 1) Name of Employer, (A 2) City or Twp. Where Employed, (A 3) Millbury, Ohio Tax Withheld, (A 4) Other City Tax Withheld, (A 5) Wages, etc. Includes a TOTALS row with placeholder \$XXXXXXXXXX.

STAPLE FORMS W-2 ACROSS TOP, REAR.

Table with 2 columns: Description and Amount. Rows include Total Wages, Other Income, Total Income, Tax Credits, Tax Payments, and Total DUE.

FILE THIS RETURN WITH COMMISSIONER OF TAXATION, BOX 164, MILLBURY, OHIO 43447 ON OR BEFORE APRIL 30, 2002
MILLBURY TAX 1 1/2%
PHONE 419-836-9671

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.

Signature of person preparing this return other than Taxpayer (with X mark) Signature (Title) (Date)

Name and Address of Firm or Employer (with XX mark) 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 .....

\*10. Rents ..... 20. ....

11. Interest or Business Indebtedness ..... 21. ....

12. City Income Taxes on Business ..... 22. ....

13. Other Business Taxes ..... 23. ....

14. Bad Debts ..... 24. ....

15. Depreciation, Amortization, Depletion ..... 25. ....

16. Repairs ..... 26. ....

17. Commissions (Attach 1099) ..... 27. ....

18. Subcontracts (Attach List) ..... 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 D, (attach copy)**

**SCHEDULE E Rental and Other Income**

Location of Property	Amount of Rent	Depreciation	Repairs	Other Expenses	Net Income
.....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....
.....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....
<b>Totals</b> .....	<b>\$ .....</b>				

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. Avg. value of Real & Tang. Personal Property	.....	.....	
Gross Annual 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	.....	.....	..... %
4. Total Percentages	.....	.....	..... %
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

\$ .....