

FILE WITH

NEW MADISON TAX DEPARTMENT
P.O. BOX 15
NEW MADISON, OHIO 45346
PHONE: 937-996-0298

ON OR BEFORE APRIL 15TH OR 4 MONTHS AFTER
THE END OF THE FISCAL PERIOD

NEW MADISON

INCOME TAX RETURN
FILING REQUIRED EVEN IF NO TAX DUE
FOR THE CALENDAR YEAR
OR FISCAL PERIOD
TO

MAKE CHECK OR MONEY ORDER
PAYABLE TO

NEW MADISON
TAX DEPARTMENT

TAXPAYER'S NAME AND ADDRESS

[Redacted Taxpayer Name and Address]

TELEPHONE:

Home _____

Business _____

FEDERAL ID# _____

TAXPAYER SS# _____

SPOUSE SS# _____

ARE YOU A RESIDENT?
DID YOU FILE A PREVIOUS YEAR RETURN?
YES NO
YES NO

IF MOVED SINCE THE PREVIOUS FINAL RETURN WAS DUE
GIVE DATE: _____

INTO VILLAGE _____ OR OUT OF _____

CHANGE OF ADDRESS: _____

(IF DIFFERENT _____

THAN ABOVE ADDRESS) _____

NOTE: Page 2 must be completed if you have taxable rental property or business income. (ON BACK OF THIS FORM) - ATTACH FEDERAL SCHEDULES.

- 1. TOTAL WAGES, SALARIES, TIPS AND OTHER EMPLOYEE COMPENSATION (SEE SCHEDULE X ON BACK) (ATTACH ALL W-2'S) \$ _____
- 2a. OTHER TAXABLE INCOME FROM PAGE 2 (CANNOT DEDUCT LOSS FROM WAGES) \$ _____
- 2b. OTHER NON-TAXABLE INCOME FROM PAGE 2 \$ _____
- 3. TOTAL TAXABLE INCOME: LINE 1 PLUS LINE 2a - 2b \$ _____
- 4. MUNICIPAL TAX 1.0 % OF LINE 3 (ROUND AMOUNTS TO NEAREST DOLLAR) \$ _____
- 5. CREDITS:
 - A. NEW MADISON TAX WITHHELD BY EMPLOYER(S) \$ _____
 - B. ESTIMATED TAX PAID \$ _____
 - C. CREDIT FOR TAXES PAID TO OTHER CITIES AND COUNTIES (1% MAXIMUM CREDIT) \$ _____
 - D. PRIOR YEAR OVERPAYMENTS \$ _____
 - E. TOTAL CREDITS (ROUND AMOUNTS TO NEAREST DOLLAR) \$ _____
- 6. TAX DUE (IF LINE 4 IS GREATER THAN LINE 5E, PAYMENT OF BALANCE MUST ACCOMPANY THIS RETURN) \$ _____
- 7. PENALTY \$ _____ PLUS INTEREST \$ _____
(ADD \$25 LATE PENALTY FEE IF FILED AND PAID AFTER APRIL 15TH OR \$50 LATE PENALTY FEE IF FILED AND PAID AFTER MAY 15TH.)
- 8. AMOUNT DUE BEFORE ESTIMATED TAXES \$
- 9. OVERPAYMENT: REFUNDED \$ _____ OR CREDITED TO EST. TAXES \$ _____

DECLARATION OF ESTIMATED TAX

- 10. INCOME SUBJECT TO TAX \$ _____ TIMES TAX RATE OF 1.0 FOR GROSS TAX OF \$ _____
- 11. LESS EXPECTED TAX CREDITS:
 - A. TAX WITHHELD BY EMPLOYER \$ _____
 - B. PAYMENTS ON TAXABLE INCOME TO ANOTHER MUNICIPALITY \$ _____
 - C. OVERPAYMENT FROM PRIOR YEAR(S) \$ _____
 - D. TOTAL CREDITS \$ _____
- 12. NET TAX DUE (LINE 10 LESS LINE 11D) \$ _____
- 13. AMOUNT PAID WITH THIS DECLARATION (1/4 LINE 12) \$
- 14. BALANCE OF ESTIMATED TAX \$ _____

TOTAL AMOUNT DUE \$ _____ (LINE 8) + \$ _____ (LINE 13) =

I CERTIFY THAT I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT & COMPLETE. IF PREPARED BY PERSON OTHER THAN TAXPAYER, THE DECLARATION IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE.

Signature of Preparer

Date

Signature of Taxpayer

Date

Signature of Taxpayer

Date

SECTION A Adjusted Federal Taxable Income for S-Corporations and Partnerships

Ordinary Income for 1120 (Line 21)
Ordinary Income for 1120S (Line 21) or 1065 (Line 22)
Add Income/Losses reported to shareholders on Schedule K:
Net Income from Rental (Real Estate or Other)
Interest
Dividends
Royalties
Capital Gain/(Loss)
Other Income/(Loss)
Total Additions
Less Deductions reported to shareholders on Schedule K:
Charitable Contributions (Limited to 10% of Adjusted Taxable Income)
Section 179 Depreciation
Other Deductions
Total Deductions
Adjusted Federal Taxable Income (generally AFTI for S-Corps equal Line 23, Schedule K)

SECTION B Total from Federal Schedule D, Form 4797

SECTION C Income from rents - from Schedule E

SECTION D All Other Taxable Income

TOTAL From Sections A, B, C & D Enter on Page 1, Line 1

SCHEDULE X Reconciliation with Federal Income Tax Return as Required by ORC Section 718

ITEMS NOT DEDUCTIBLE

ADD

ITEMS NOT TAXABLE

DEDUCT

- a. Federally deducted losses from IRC 1221 or 1231 property dispositions
b. Five percent of intangible income reported in letter O, except that from IRC 1221 property dispositions
c. Taxes based on income (State)
d. Taxes based on income (City)
e. Guaranteed payments or accruals to or for current or former partners or members
f. Federally deducted dividends, distributions, or amounts set aside for, credited to, or distributed to REIT or RIC investors
g. Federally deducted amounts paid or accrued to or for qualified self-employed retirement plans, health insurance plans, and life insurance plans for owners or owner-employees of non-C corp entities
h. Rental activities by partnership, S corp or LLC, Trusts
i. Other
n. Total (Enter Line 2a Other Side)
n. Capital gains (IRC 1221 or 1231 property dispositions except to the extent the income and gains apply to those described in IRC 1245 or 1250)
o. Federally reported intangible income such as, but not limited to interest, dividends, and patent and copyright income
p. Amount of Federal Tax Credit to the extent they have reduced corresponding operating expenses
q. Not previously deducted IRC Section 179 Expense
r. Partnership, S corp, LLC charitable contributions
s. Other (military retirement, s.s., military pay)
z. Total (Enter Line 2b Other Side)

SCHEDULE Y Business Apportionment Formula

A. LOCATED EVERYWHERE

B. LOCATED IN THIS CITY

C. PERCENTAGE (B + A)

Table with 4 columns: Step, Description, A, B, C. Rows include: STEP 1. ORIGINAL COST OF REAL & TANGIBLE 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; STEP 3. WAGES, SALARIES AND OTHER COMPENSATION PAID; 4. TOTAL PERCENTAGES; 5. AVERAGE PERCENTAGES.

Divide Total Percentages by Number of Percentages Used Carry to Line 3, Page 1

Are any employees leased in the year covered by this return? YES NO
YES, please provide the name, address and FID number of the leasing company

EXTENSION POLICY: Extensions may, upon request, be granted for filing of the annual return, provided and IRS extension has been secured. EXTENSION REQUESTS MUST BE MADE IN WRITING AND RECEIVED BY THIS TAX OFFICE BEFORE THE ORIGINAL DUE DATE OF THE RETURN.