

Village of Perrysville 2006 Income Tax Return

CALENDAR YEAR TAXPAYERS FILE ON OR BEFORE APRIL 16, 2007
FISCAL AND PARTIAL YEARS, FILE WITHIN 4 MONTHS FROM END OF PERIOD

FISCALS: TAXABLE PERIOD FROM _____ TO _____

S.S.N./F.I.D.#
ACCOUNT #

AUDITED BY:

THE INCOME TAX OFFICE IS LOCATED AT 156 N. WATER ST., LOUDONVILLE
PHONE 419-994-3282 FOR ASSISTANCE
MAIL RETURNS TO P.O. BOX 115, LOUDONVILLE, OH 44842

THIS RETURN IS FOR BOTH INDIVIDUALS AND BUSINESSES

IF THE ADDRESS CAPTION IS NOT CORRECT, PLEASE MAKE NECESSARY CHANGES

TAX OFFICE USE ONLY

PAID WITH THIS RETURN

2006 FINAL RETURN \$ _____

2007 DECLARATION \$ _____

TOTAL REMITTANCE \$ _____

DATE RECEIVED _____

CASH CHECK MONEY ORDER PARTIAL PMT. NO PMT.

1. Gross wages, salaries, tips and other compensation: use largest wage on W-2 (USE W-2 WAGE SUMMARY WORKSHEET ON BACK OF FORM)	1			
Proceed To Line 5 if all income is from W-2 wages. (Attach all W-2's)				
2. a. Profit or loss from business (Sole proprietor, corporation or partnership must attach copies of appropriate Federal Schedules and/or forms to substantiate income/loss as shown on this Return)	2a.			
b. Rental Income (Attach Federal Schedule E)	2b.		Total	2
3. Adjustments: a. Partial year liability: Explain	3a.			
b. Corporations - Schedule Y	3b.		Total	3
c. Employee business expenses: Line 26 of Federal Schedule A	3c.			
4. a. Total income (Line 1 plus line 2, plus or minus line 3) (If line 2 is a loss, it may not be deducted from line 1)	4a.			
b. Allocation _____ % at of line 4a. (Complete Schedule Z - Business Return Only)	4b.		Total Taxable Income	4
5. Tax computation: Taxable Income Tax Rate a. \$ _____ x _____ 1%			Total Tax	5
6. Credits: a. PERRYSVILLE TAX WITHHELD BY EMPLOYERS	6a.			
b. Income tax paid to other municipalities (Not to exceed .5% per W-2)	6b.		Total Credit	6
7. ADJUSTED PERRYSVILLE INCOME TAX (LINE 5 LESS LINE 6)				7
8. Payments on 2006 Declaration of Estimated Perrysville Tax				8
9. Balance (Line 7 less line 8)				9
10. Penalty: a. 10% of line 9 for late final (\$25 minimum) (\$25 late fee if no tax due)	10a.			
b. Interest 1% Per Month (See Instructions)	10b.		Total Penalty	10
11. Amount due or overpayment (Line 9 plus line 10 if applicable)			2006 TAX DUE	11
12. Distribution of overpayment: a. Credit to next year (Greater than \$2.00)	12a.			
b. Refund (Greater than \$2.00)	12b.			

2007 DECLARATION OF ESTIMATED PERRYSVILLE, OHIO INCOME TAX REQUIRED IF LINE 7 ABOVE IS GREATER THAN \$50.00

For the period from January 1, 2007 through December 31, 2007. File On Or Before April 16, 2007. Fiscal Period From _____ through _____ File within 4 Months

13. Total Income subject to tax \$ _____ Multiply by tax rate of _____ 1%	13			
14. Less expected tax credits: a. PERRYSVILLE TAX WITHHELD	14a.			
b. Withheld for another city (not to exceed .5%)	14b.		Total	14
15. Net Estimated Tax (Line 13 less line 14)				15
16. Less overpayment from line 12(a) Credit to next year				16
17. Balance				17
18. Amount paid with this declaration (not less than 1/4 of line 17)			2007 1st Qtr. TAX DUE	18
19. AMOUNT ENCLOSED: a. 2006 TAX DUE (Line 11)	19a.			
b. 2007 1st. Qtr. TAX DUE (Line 18)	19b.		TOTAL AMOUNT DUE	19

NOTE: 1/4 of Declaration payment is due on April 16. Next Billing due dates: June 30, Sept. 30, and December 31. MAKE CHECKS PAYABLE TO PERRYSVILLE INCOME TAX.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. Declaration of preparer other than taxpayer is based on all information of which preparer has any knowledge.

Date	Signature of Taxpayer	Phone No.	Taxpayer Social Security No. F.I.D. No. (Business Only)	Signature of Tax Preparer
Date	Signature of Spouse (If Joint Return, Both Must Sign)	Spouse Social Security No.	Phone No.	Date

If you have moved since your previous return was filed, give date moved into Perrysville _____ or out of Perrysville _____ - If you have changed place of employment, give current employer _____ and effective date _____. Show any change to the right of that preprinted on the front of this form.

Thank You

Do you own rental property?

Yes No

Location: _____

Do you rent your residence:

Yes No

Landlord: _____

W-2 WAGE SUMMARY WORKSHEET

EMPLOYER	GROSS WAGES (LARGEST WAGE ON W-2)	PERRYSVILLE INCOME TAX WITHHELD	TAX PAID TO ANOTHER CITY (CREDIT NOT TO EXCEED .5%)
TOTALS:			

Carry to Line 1

Carry to Line 6a

Carry to Line 6b

SCHEDULE Y Reconciliation with Federal Income Tax Return

(SCHEDULES Y AND Z PERTAIN TO BUSINESSES ONLY - NOT TO BE USED BY INDIVIDUALS.)

- INCOME PER FEDERAL RETURN ATTACHED..... \$ _____
- A. ITEMS NOT DEDUCTIBLE (From Line M Schedule Y Below) Add _____
 B. ITEMS NOT TAXABLE (From Line Z Schedule Y Below)..... Deduct _____
 C. ENTER EXCESS OF LINE 2A or 2B \$ _____
- ADJUSTED NET INCOME (Line 1, Plus or Minus Line 2C) \$ _____

ITEMS NOT DEDUCTIBLE

ADD

ITEMS NOT DEDUCTIBLE

DEDUCT

- | | |
|--|---|
| A. Capital losses deducted \$ _____ | N. Capital gains from sale exchange or other disposition _____ |
| B. Expenses attributable to non-taxable income _____ | O. Interest earned or accrued..... _____ |
| C. City or state income taxes..... _____ | P. Dividends _____ |
| D. Net operating loss deduction per Federal Return _____ | Q. Income from patents and copyrights
If subject to Ohio Intangible Tax..... _____ |
| E. Payments to partners _____ | R. Other income exempt from City Tax (explain)..... _____ |
| F. Sick pay not included in Line 1 above _____ | _____ |
| G. Contributions (Not a business expense)..... _____ | _____ |
| H. Other expenses not deductible (explain)..... _____ | Z. TOTAL DEDUCTIONS (enter as Line 2B above) \$ _____ |
| M. TOTAL ADDITIONS (enter as Line 2A above).....\$ _____ | |

SCHEDULE Z Business Allocation Formula

a. LOCATED EVERYWHERE b. LOCATED IN THIS MUNICIPALITY c. PERCENTAGE (b. divided by a.)

STEP 1. AVERAGE VALUE 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 (SEE INSTRUCTIONS)	_____	_____	_____ %
STEP 3. WAGES, SALARIES, AND OTHER COMPENSATION PAID	_____	_____	_____ %
4. TOTAL PERCENTAGES			_____ %
5. AVERAGE PERCENTAGE			Carry to Line 4b. _____ %
(Divide Total Percentages by Number of Percentages Used)			