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Form R File With
VILLAGE OF ROSEVILLE
INCOME TAX DIVISION
107 N. Main Street
Roseville, Ohio 43777

ROSEVILLE INCOME TAX RETURN
FOR THE CALENDAR YEAR

Fiscal Years Fill in Dates
Beginning 20
Ending 20
And File Within 4 Months
of Ending Date

MANDATORY FILING REQUIRED EVEN IF NO TAX DUE

TAXPAYER'S NAME, ADDRESS ACCOUNT NO. PRINCIPAL BUSINESS ACTIVITY
CORPORATION n S CORPORATION n PARTNERSHIP n SOLE PROPRIETOR n
SOCIAL SECURITY #
FEDERAL I.D. #
PHONE #
IF RETIRED, GIVE DATE
IF MOVED DURING CURRENT YEAR PLEASE GIVE DATE OF MOVE
INTO ROSEVILLE OUT OF ROSEVILLE

INCOME 1a. ENTER GROSS WAGES, SALARIES, TIPS AND OTHER EMPLOYEE COMPENSATION
(ATTACH ALL W-2'S)
b. PROFIT OR LOSS FROM BUSINESS (ATTACH COPIES OF APPROPRIATE FEDERAL
SCHEDULES AND/OR FORMS) FROM PAGE 2
c. RENTAL AND MISC. INCOME FROM PAGE 2, (ATTACH FEDERAL SCHEDULE (S))
d. TOTAL INCOME (ADD LINES 1a, 1b AND 1c)
NOTE: BUSINESS OR RENTAL LOSSES MAY NOT BE USED TO OFFSET WAGES)
2a. ITEMS NOT DEDUCTIBLE (FROM LINE M SCHEDULE X FROM PAGE 2)
ADJUST- b. ITEMS NOT TAXABLE (FROM LINE Z SCHEDULE X ON PAGE 2)
MENTS c. DIFFERENCE BETWEEN LINES 2a AND 2b TO BE ADDED TO OR SUBTRACTED FROM LINE 1d
TO 3a. ADJUSTED NET INCOME (LINE 1d PLUS OR MINUS LINE 2a IF SCHEDULE X IS USED)
INCOME b. AMOUNT OF LINE 3a ALLOCABLE % (FROM STEP 5 SCHEDULE Y)
c. LESS ALLOCABLE LOSS PER PREVIOUS INCOME TAX RETURN (ATTACH SCHEDULE)
4. AMOUNT SUBJECT TO ROSEVILLE EARNINGS TAX (LINE 3b LESS LINE 3c)
TAX 5. TAX: 1% OF LINE 4
6. CREDITS:
a. PAYMENTS AND CREDITS ON DECLARATION OF ESTIMATED TAX
b. PRIOR YEAR OVERPAYMENT
c. ROSEVILLE TAX WITHHELD BY EMPLOYER
d. INCOME TAXES PAID OTHER CITIES (NOT TO EXCEED 1%) (EACH W-2 SEPARATELY)
e. TOTAL CREDITS ALLOWABLE
7. BALANCE OF TAX DUE (LINE 6 LESS LINE 6e)
MAKE REMITTANCE PAYABLE TO ROSEVILLE INCOME TAX DIVISION AND ATTACH WHEN FILING
8. OVERPAYMENT TO BE REFUNDED \$ OR CREDITED \$ TO NEXT YEAR'S ESTIMATE
(if Line 6e is greater than Line 5)

No taxes or refunds of less than \$1.00 shall be collected or refunded.

DECLARATION OF ESTIMATED TAX FOR YEAR

9. TOTAL INCOME SUBJECT TO TAX \$ MULTIPLY BY TAX RATE OF 1% FOR GROSS TAX OF \$
10. LESS EXPECTED TAX CREDITS
a. OVERPAYMENT FROM PRIOR YEAR(S)
b. TOTAL CREDIT
11. NET ESTIMATED TAX DUE FOR 1997 (LINE 9, LESS LINE 10b)
12. AMOUNT PAID WITH THIS DECLARATION (NOT LESS THAN 1/4 OF LINE 11)
13. TOTAL OF THIS PAYMENT (LINE 7 PLUS LINE 12)
MAKE CHECKS PAYABLE TO: ROSEVILLE INCOME TAX DIVISION

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 AND COMPLETE. IF PREPARED BY A PERSON OTHER THAN TAXPAYER, THE DECLARATION IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE.

Signature of Person Preparing if Other Than Taxpayer Date Signature of Taxpayer or Agent (Required) Date

FORMS SYSTEMS PLUS P.O. BOX 1403, LIMA, OHIO 45802 (419) 225-6436

REORDER FROM

10%

C.F. #3292