

2002 New Washington Income Tax Return 2002

Return To Be Filed With New Washington Income Tax Dept., P.O. Box 488 New Washington, OH 44854

For Use By All Taxpayers on a Calendar Year Basis Or Other Taxable Period Beginning and Ending As Stated in Ordinance No. 536, Sec. 3

Page 1 NOT A FEDERAL RETURN

Calendar Year Taxpayers File On or Before APRIL 15, 2003, Fiscal Years, Etc., File Within 3 1/2 Months of End of the Period.

New Washington Form must be filed by:

- (a) New Washington resident whose entire income, or part thereof, has been subject to city income tax withholding provisions in New Washington or in another city.
(b) New Washington resident whose entire income, or a part thereof, has not been subject to city income tax provisions (by withholding or otherwise) in New Washington or elsewhere.
(c) An individual (either New Washington resident or non-resident) engaged in business in New Washington as a sole proprietorship.
(d) A Corporation, Partnership, or Fiduciary engaged in business in New Washington.

I AM NOT LIABLE FOR 2002 VILLAGE OF NEW WASHINGTON INCOME TAX FOR THE FOLLOWING REASON:

- No Taxable Income in 2002
Active Duty Military
Fully Withheld, Attach W-2 Form(s)
Taxpayer Deceased in 2001
Only Income was from Non-Taxable Source, List Source
Moved from New Washington During 2001
List Date of Move
and List Current Address Below
Business Acquired or Terminated in 2001 List Date and Name of Business or Owners

TAXPAYER'S NAME AND ADDRESS

Empty box for Taxpayer's Name and Address

Did you file a return in 2001? YES NO
Check Whether 1. Employee 2. Owner
3. Partnership 4. Corporation
5. Other
Will you have income subject to New Washington Village Tax in 2003? Yes No
If you rent, please give name and address of landlord.

Name
Address

Any taxpayer attaching a copy of his Federal Return or Schedules, where applicable, need not complete page 2 (except schedule Y when line 4 is used). OVERPAYMENT CLAIMS WILL RECEIVE CREDIT ONLY ON RETURNS FULLY COMPLETED.

Paid with this return \$

Table with 4 columns: Description, New Washington Tax, WAGES ETC., and Amount. Row 1: Gross wages, salaries, bonuses, commissions and other compensation received BEFORE ANY PAYROLL DEDUCTIONS enter employer's name. Attach W-2 and any other schedules.

TOTAL EARNED AND WITHHELD FROM ALL EMPLOYERS

(If only income is from wages, skip lines 2 and 3)

- 2. Other Income—Do not subtract losses—Not deductible from W-2 wages
3. Total Income (Lines 1 and 2a or 2b)
4. Amount Allocable to New Washington % of Line 3
5. Amount subject to New Washington Income Tax. (Either from line 1, 2, 3 and/or 4; whichever is applicable)
6. 2002 New Washington Income Tax (1%)
7. Credits: (a) New Washington Tax Withheld by employer(s)
(b) Payments and credits on 2002 Declaration of Estimated Tax
(c) Earned income taxes paid City of (Tax Credit cannot exceed 1% of Gross Earnings in Other City) (Tax Credit Cannot Exceed Tax Liability Shown on line 6) See Ordinance No. 536, Sec. 14
(x) TOTAL CREDITS ALLOWABLE (add Lines 7(a), (b) and (c))
8. Balance of Tax Due (line 6 less line 7x) Payment Must Accompany This Return
9. Overpayment Claimed (If line 7x exceeds line 6 enter difference here)
10. Payment of Less than \$1.00 is not required. Overpayment of less than \$1.00 will not be refunded. (Income of \$500.00 or less shall not be taxed)

ATTACH COPY W-2

DECLARATION OF ESTIMATED TAX FOR CALENDAR YEAR 2003 or FISCAL PERIOD to

(If income is not subject to withholding) Method of Payment Desired: Quarterly Semi-Annual Annual

Computations of Estimated Tax

- 1. Estimated Taxable Income for Year
2. Estimated Tax Due: 1% of line 1
3. Less: New Washington Tax to be withheld and/or paid to another city
4. Balance of Estimated New Washington Tax Due
5. Credits: A. Over payments claimed on previous year's return
B. Total Credits
6. Net Tax Due (line 4 less line 5B)
7. Amount Paid (Attach check for at least 25 percent of line 6) By April 30.

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.

X

Signature of Taxpayer or Agent (Date)

Signature of Person Preparing If Other Than Taxpayer (Date)

Title

(Address or Name and Address of Firm or Employer)

NEED BE COMPLETED ONLY BY THOSE WHO HAVE OTHER TAXABLE INCOME THAN WAGES OR WHO CLAIM EXPENSES AS DEDUCTIONS FROM SUCH WAGES.

- 1. Net Profit From Any Business Owned (Attach Federal Schedule C)
2. Net Rental Income (Attach Federal Schedule E)
3. Other Income (Attach Appropriate Federal Schedule)—See Below
4. Total Other Income (Lines 1 thru 3)
5. Credits
a. Deductible Expenses: (Attach IRS Form—Schedule 2106—Or Other Statement)
b. Non-taxable Income: (From Schedule X Below or Enter "0")
c. Total Deductions (Add Lines 5a and 5b)
d. Items Not Deductible (From Schedule X Below)
e. If Line c is greater than Line d subtract d from c
f. If Line d is greater than Line c subtract c from d
6. Net Other Taxable Income or Deductions
a. Line 4 less 5e. Enter difference here and on Page 1, Line 2a
b. Line 4 plus 5f. Enter total here and on Page 1, Line 2b

SCHEDULE G—INCOME FROM RENTS (If not included in Schedule C)

Table with 6 columns: Kind and Location of Property, Amount of Rent, Depreciation, Repairs, Other Expenses, Net Income (or loss)

23. TOTAL INCOME (or loss) SCHEDULE G \$

SCHEDULE H—OTHER INCOME NOT INCLUDED IN ANY OTHER SCHEDULES

Table for Schedule H with columns: RECEIVED FROM, FOR (Describe), AMOUNT

TOTAL INCOME SCHEDULE H \$ ENTER ON LINE 3, PAGE 2

SCHEDULE X—RECONCILIATION WITH FEDERAL INCOME TAX RETURN

Schedule X Entries Are Allowed Only To The Extent Directly Included In Determination Of Net Profits Per Schedule C Or Other Schedule.

Table for Schedule X with columns: ITEMS NOT DEDUCTIBLE, ADD, ITEMS NOT TAXABLE, DEDUCT

SCHEDULE Y—BUSINESS ALLOCATION FORMULA (See Ordinance No. 536, Sec. 3)

Table for Schedule Y with columns: a. LOCATED EVERYWHERE, b. LOCATED IN NEW WASHINGTON, c. PERCENTAGE (b÷a)

SCHEDULE Z—PARTNER'S DISTRIBUTIVE SHARES OF NET INCOME

Table for Schedule Z with columns: 2. Resident (Yes/No), 3. Distributive Shares of Partners (Percent/Amount), 4. Taxable Percentage, 5. Amount Taxable