

FISCAL YEAR _____ TO _____

FILING REQUIRED EVEN IF NO TAX DUE

This return must comply with Ordinances 3865 & 266, as amended, and with its supplemental regulations.

TAXPAYER'S NAME, ADDRESS ACCOUNT NO.

Phone # _____

Soc. Sec. No. Yours _____

Spouse _____

If you moved into GENOA, Date _____

from GENOA, Date _____

List any year that IRS changed your taxable income _____

Will you have future 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 31st from each employer or source. INCLUDE SICK PAY that is paid by employer and amounts deducted as Federal Tax Sheltered Annuities or Deferred Compensation.

(A-1) Name of Employer	(A-2) City or Twp. Where Employed	(A-3) Genoa, Ohio Tax Withheld	(A-4) Other City Tax Withheld	(A-5) Wages, etc.
⇒ STAPLE FORMS W-2 ACROSS TOP, REAR ⇐	TOTALS	\$	\$	\$

PLEASE INCLUDE COPIES OF YOUR 1040 FORM AND ALL W2'S

1. Total Wages, etc. (IF NO OTHER TAXABLE INCOME, ENTER TOTAL WAGES HERE AND ON LINE 4)..... (1) \$ _____
2. Other Income (from Schedules C, D, E, AND F,
 (a) ITEMS NOT DEDUCTIBLE (FROM LINE M SCHEDULE X ON PAGE 2).....ADD _____
 (b) ITEMS NOT TAXABLE (FROM LINE Z SCHEDULE X ON PAGE 2).....DEDUCT _____ Total (2) \$ _____
3. Total Income (line 1 plus line 2)..... (3) \$ _____
4. Amount subject to Genoa, Ohio Income Tax (line 1 or line 3)..... (4) \$ _____
5. Genoa, Ohio Income Tax 1.5 % of line 4..... (5) \$ _____
6. Tax Credits: (a) Genoa, Ohio Tax Withheld (A3).....
 (b) Other City Tax Withheld (Cannot exceed ¼ % of wages taxed in any one city)..... Total (6) \$ _____
7. Tax Payments: (a) Prior year credit.....
 (b) Estimates paid..... Total (7) \$ _____
8. Line 5 less Line 6 & 7 (if minus figures, enter on line 11 and mark disposition)..... (8) \$ _____
9. Additional Charges (a) Interest (_____ % of line 8).....
 (b) Penalty (_____ % of line 8).....
 (c) Late filing Penalty (\$25.00 PER MONTH in addition to lines 9a & 9b if filed late).....
 (d) Total of lines 9a, 9b & 9c..... (9) \$ _____
10. TOTAL DUE: (Line 8 plus Line 9b) – Make check payable to GENOA VILLAGE INCOME TAX..... (10) \$ _____
11. Overpayment: Estimate \$..... Refund \$..... (11) \$ _____

An ending balance of 10 dollars or less will not be refunded, or due to the village.

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 his return an amended return will be filed within three months.

Signature of Person Preparing if Other Than Taxpayer _____ Date _____

Signature _____ (Title) _____ Date _____

Name and Address of Firm or Employer _____

Signature _____ Telephone _____

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NOTE: ATTACH APPROPRIATE FEDERAL SCHEDULE(S)

SECTION A Profit (or Loss) from Business or Profession

1. TOTAL RECEIPTS, LESS ALLOWANCES, REBATES AND RETURNS..... \$ _____
 2. LESS Cost of Labor \$ _____ Material, supplies & other costs \$ _____
 3. GROSS PROFIT FROM SALES, ETC, (Line 1 Less Line 2)..... \$ _____
 4. INTEREST \$ _____ OTHER BUSINESS INCOME (Specify) \$ _____
 5. TOTAL BUSINESS INCOME BEFORE DEDUCTIONS..... \$ _____

BUSINESS DEDUCTIONS

6. ADVERTISING AND PROMOTIONS..... \$ _____ 11. DEPRECIATION, AMORTIZATION..... \$ _____
 7. AUTO, TRUCK AND TRAVEL..... \$ _____ 12. RENTS (Paid to _____)..... \$ _____
 8. INT. ON BUSINESS INDEBTEDNESS..... \$ _____ 13. OTHER (List if over 10% of Line 14)..... \$ _____
 9a. TAXES BASED ON INCOME..... \$ _____ 14. TOTAL BUSINESS DEDUCTIONS (Total of lines 6 to 13).... \$ _____
 b. OTHER BUSINESS TAXES..... \$ _____ 15. NET PROFIT (OR LOSS) FROM BUSINESS OR
 10. SALARIES AND WAGES..... \$ _____ PROFESSION (LINE 5 LESS LINE 14)..... \$ _____

SECTION B TOTAL from Federal Form 4797 (Ordinary Gains) \$ _____

SECTION C Income from Rents – from Federal Schedule E & F or Form 4835

Kind & Location of Property	Amount of Rent	Depreciation	Repairs	Other Expenses	Net Income (Or Loss)

NET INCOME SECTION C..... \$ _____

SECTION D All Other Taxable Income

INCOME FROM PARTNERSHIPS, ESTATES & TRUSTS: FEES, TIPS, COMMISSIONS AND MISCELLANEOUS

RECEIVED FROM	FOR (DESCRIBE)	AMOUNT

NET INCOME SECTION D..... \$ _____

TOTAL From Sections A, B, C & D. Enter on Page 1, Line 1..... \$ _____

SCHEDULE X. RECONCILIATION WITH FEDERAL INCOME TAX RETURN

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
a. Capital Losses (Excluding Ordinary Losses)..... \$ _____		n. Capital Gains (Excluding Ordinary Gains)..... \$ _____	
b. Expenses incurred in the production of non-taxable income (at least 5% of Line 2)..... \$ _____		o. Interest Income..... \$ _____	
c. Taxes based on income (State)..... \$ _____		p. Dividends..... \$ _____	
d. Taxes based on income (City)..... \$ _____		q. Other (Explain)..... \$ _____	
e. Net Operating loss deduction for Federal Return. \$ _____			
f. Payments to partners..... \$ _____			
g. Charitable Contributions (not an expense)..... \$ _____			
h. Other expenses not deductible (Explain)..... \$ _____			
m. (Enter Line 2a Other Side)..... TOTAL \$ _____		z. Enter Line 2b Other Side..... TOTAL \$ _____	

SCHEDULE Y Business Allocation Formula

	a. LOCATED EVERYWHERE	b. LOCATED IN THIS MUNICIPALITY	c. PERCENTAGE (b+a)
STEP 1 AVERAGE VALUE OF REAL & TANG. PERSONAL PROPERTY GROSS ANNUAL RENTALS PAID MULTIPLIED BY 8 (NET BOOK VALUE) TOTAL STEP 1	_____	_____	_____ %
STEP 2 GROSS RECEIPTS FROM SALES MADE AND/OR WORK OR SERVICES PERFORMED	_____	_____	_____ %
STEP 3 WAGES, SALARIES AND OTHER COMPENSATION PAID	_____	_____	_____ %
STEP 4 TOTAL PERCENTAGES	_____	_____	_____ %
STEP 5 AVERAGE PERCENTAGE (Divide total Percentages by Number of Percentages Used).	_____	_____	_____ %

Carry to Line 3bm Page 1

SCHEDULE Z – PARTNER'S SHARE OF INCOME

1. NAME AND MUNICIPALITY OR TOWNSHIP OF EACH PARTNER	2. Resident		3. Dist. Shares of Partners		4. Other Payments	5. Taxable Percentages	6. Amount Taxable
	Yes	No	Percent	Amount			
7. TOTAL From Section A and Section D above			100%	\$ _____	\$ _____		\$ _____