

File with  
**INCOME TAX DEPARTMENT**  
 14860 N. State Ave.  
 P.O. Box 1019  
 Middlefield, OH 44062  
 Phone (440) 632-5248

Make Checks and Money Orders  
 Payable to  
 Village of Middlefield

**Village of Middlefield**  
 WWW.MIDDLEFIELD.OHIO.COM

**20**      **INCOME TAX RETURN**

Fiscal Period \_\_\_\_\_ to \_\_\_\_\_  
 CALENDAR YEAR TAXPAYERS FILE ON OR BEFORE APRIL 15  
 FISCAL YEARS FILE WITHIN 105 DAYS OF END OF PERIOD

INDIVIDUAL     JOINT

Check your status as a taxpayer  
 Employee  Proprietor  Partner   
 Corporation  Retired  Other-Explain

Resident  Non-Resident

Did you file a return last year?  
 Yes  No

Under 18-DOB (Attach proof)

**TAXPAYER'S NAME AND ADDRESS**

YOUR FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_ LAST NAME \_\_\_\_\_  
 SPOUSE'S FIRST NAME (only if married filing jointly) M.I. \_\_\_\_\_ LAST NAME \_\_\_\_\_  
 MAILING ADDRESS \_\_\_\_\_ APT. # \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

YOUR NAME, ADDRESS AND SOCIAL SECURITY NUMBER, IF PRINTED ABOVE, ARE AS THEY APPEAR ON OUR RECORDS. MAKE CORRECTIONS WHERE NECESSARY. IF YOU ARE FILING A JOINT RETURN, INCLUDE YOUR SPOUSE'S SOCIAL SECURITY NUMBER.  
**IF MOVED SINCE THE PREVIOUS FINAL RETURN WAS DUE,**  
**GIVE IN DATE: \_\_\_\_\_ OUT DATE: \_\_\_\_\_**  
**RENTING:    Y    N Name of Landlord: \_\_\_\_\_**

**ACCOUNT NUMBER**

\_\_\_\_\_

YOUR SOCIAL SECURITY NO.:

SPOUSE'S SOCIAL SECURITY NO.:

FEDERAL ID NO.:

TELEPHONE HOME: \_\_\_\_\_

BUSINESS: \_\_\_\_\_

THIS SPACE FOR TAX OFFICE USE ONLY

F  
 D  
 P & I  
 Check  
 Cash  
 Refund Requested

**1. WAGES, SALARIES, TIPS AND OTHER EMPLOYEE COMPENSATION (ATTACH ALL W-2's)**

1A \_\_\_\_\_ 1B \_\_\_\_\_ \$ \_\_\_\_\_

2. OTHER TAXABLE INCOME FROM PAGE 2 ..... \$ \_\_\_\_\_

3. TAXABLE INCOME: LINE 1 PLUS LINE 2 ..... \$ \_\_\_\_\_

4. MUNICIPAL TAX, 1% OF LINE 3 ..... \$ \_\_\_\_\_

5. CREDITS:    A. TAX WITHHELD BY EMPLOYER FOR MIDDLEFIELD ..... \$ \_\_\_\_\_

                  B. ESTIMATED TAX PAID TO MIDDLEFIELD ..... \$ \_\_\_\_\_

                  C. PRIOR YEAR OVERPAYMENTS ..... \$ \_\_\_\_\_

                  D. TOTAL CREDITS ..... \$ \_\_\_\_\_

6. TAX DUE (IF LINE 4 IS GREATER THAN LINE 5D, PAYMENT OF BALANCE MUST ACCOMPANY THIS RETURN) \$ \_\_\_\_\_

7. PENALTY \$ \_\_\_\_\_ LATE PAYMENT PENALTY \$ \_\_\_\_\_ TOTAL \$ \_\_\_\_\_

8. AMOUNT DUE BEFORE ESTIMATED TAXES ..... \$ \_\_\_\_\_

9. OVERPAYMENT: REFUNDED \$ \_\_\_\_\_ OR CREDITED TO EST. TAXES \$ \_\_\_\_\_

**DECLARATION OF ESTIMATED TAXES**

10. INCOME SUBJECT TO TAX \$ \_\_\_\_\_ (A) \$ TIMES TAX RATE 1% FOR GROSS TAX OF ..... \$ \_\_\_\_\_ (B)

11. LESS EXPECTED TAX CREDITS:    A. TAX WITHHELD BY EMPLOYER FOR MIDDLEFIELD ..... \$ \_\_\_\_\_

                  B. TOTAL CREDITS ..... \$ \_\_\_\_\_

12. NET TAX DUE (LINE 10B LESS LINE 11B) ..... \$ \_\_\_\_\_

          A. OVERPAYMENT FROM PRIOR YEAR(S) ..... \$ \_\_\_\_\_

13. AMOUNT PAID WITH THIS DECLARATION (1/4 LINE 12, LESS LINE 12A) ..... \$ \_\_\_\_\_

14. BALANCE OF ESTIMATED TAX ..... \$ \_\_\_\_\_

15. TOTAL AMOUNT DUE \$ \_\_\_\_\_ (LINE 8) + \$ \_\_\_\_\_ (LINE 13) = \$ \_\_\_\_\_

**YOU MUST DIGITALLY SIGN THE RETURN PRIOR TO CHOOSING "SUBMIT." IF YOU HAVE TAX DUE, PLEASE PRINT, SIGN AND MAIL IN WITH YOUR PAYMENT.**  
 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 \_\_\_\_\_

Telephone No. \_\_\_\_\_ Signature of Taxpayer \_\_\_\_\_ Date \_\_\_\_\_

PENALTIES WILL BE ASSESSED FOR FAILURE TO PAY ON AN ESTIMATE, FAILURE TO FILE A RETURN, OR AN EXTENSION OR PAY TAX DUE BY APRIL 15TH.

May we discuss this return with the Tax Preparer?

Yes     No

\*\*\* DO NOT USE THE SCHEDULES BELOW IF YOUR ONLY SOURCE OF INCOME IS FROM W-2 WAGES\*\*\*YOU ARE NOT ENTITLED TO DEDUCT EXPENSES FROM SUCH WAGES

**SCHEDULE C - BUSINESS INCOME**

- 1. ATTACH COPIES OF FEDERAL SCHEDULES (ENTER TOTAL NET INCOME FROM SCHEDULES) \$ \_\_\_\_\_
- 2. A. ITEMS NOT DEDUCTIBLE (FROM LINE H SCHEDULE X) \$ \_\_\_\_\_
- B. ITEMS NOT TAXABLE (FROM LINE S, SCHEDULE X) \$ \_\_\_\_\_
- C. DIFFERENCE BETWEEN LINES 2A AND 2B TO BE ADDED TO OR SUBTRACTED FROM LINE 1 \$ \_\_\_\_\_
- 3. ADJUSTED INCOME (LINE 1 PLUS OR MINUS 2C IF SCHEDULE X IS USED) \$ \_\_\_\_\_
- 4. APPORTIONMENT PERCENTAGE FROM STEP 5 SCHEDULE Y \_\_\_\_\_ %
- 5. NET BUSINESS INCOME LESS CARRY FORWARD LOSS (\$ \_\_\_\_\_) \$ \_\_\_\_\_

**SCHEDULE E - INCOME FROM RENTS (ATTACH STATEMENT EXPLAINING COLUMNS C, D, & E)**

A. ADDRESS OF PROPERTY	B. RENT AMOUNT	C. DEPRECIATION	D. REPAIRS	E. OTHER EXPENSES	F. NET INCOME (LOSS)
6. NET INCOME (OR LOSS) SCHEDULE					\$

**SCHEDULE H - OTHER INCOME FROM PARTNERSHIPS, FEES, LOTTERY, GAMBLING, ETC.**

A. RECEIVED FROM	B. FOR (DESCRIBE)	C. AMOUNT
7. TOTAL INCOME SCHEDULE H		\$

8. ADD TOTALS OF SCHEDULES C, E, & H ENTER HERE AND ON LINE 2, PAGE 1.

**SCHEDULE X - RECONCILIATION WITH FEDERAL INCOME TAX RETURN**

ITEMS NOT DEDUCTIBLE		ITEMS NOT TAXABLE	
A. NET LOSS FROM CAPITAL OR OTHER ASSETS	\$	N. CAPITAL GAIN	\$
B. EXPENSES APPLICABLE TO NON-TAXIBLE INCOME	\$	O. INTEREST	\$
C. TAXES BASED ON INCOME	\$	P. DIVIDENDS	\$
D. CONTRIBUTIONS	\$	Q. ROYALTY INCOME (INTANGIBLE)	\$
E. NET OPERATING LOSS DEDUCTION	\$	R. OTHER (EXPLAIN)	\$
F. PAYMENTS TO PARTNERS OR OWNERS	\$		
G. OTHER (EXPLAIN)	\$	S. TOTAL DEDUCTIONS	\$
H. TOTAL ADDITIONS	\$		

**SCHEDULE Y - BUSINESS APPORTIONMENT FORMULA**

	A. LOCATED EVERYWHERE	B. LOCATED IN VILLAGE	C. PERCENTAGE (B/A)
<b>STEP 1. AVERAGE ORIGINAL COST OF PERSONAL PROPERTY</b>	\$	\$	
GROSS ANNUAL RENTALS MULTIPLIED BY 8	\$	\$	
TOTAL OF STEP 1	\$	\$	%
<b>STEP 2. TOTAL WAGES, SALARIES, COMMISSIONS AND OTHER COMPENSATION PAID TO ALL EMPLOYEES</b>	\$	\$	%
<b>STEP 3. GROSS RECEIPTS FROM SALES AND WORK SERVICES PERFORMED</b>	\$	\$	%
<b>STEP 4. TOTAL OF PERCENTAGES</b>			%
<b>STEP 5. AVERAGE PERCENTAGE (DIVIDE TOTAL PERCENTAGES BY NUMBER OF PERCENTAGES USED) Enter here and on line 4, schedule C</b>			%