

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

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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 \_\_\_\_\_

**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

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: \_\_\_\_\_**

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 DEDUCTABLE		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)</b> Enter here and on line 4, schedule C			%

SELECTING SUBMIT WILL LAUNCH YOUR EMAIL PROGRAM WITH THIS COMPLETED FORM ATTACHED. YOU WILL BE ABLE TO ATTACH ADDITIONAL DOCUMENTATION PRIOR TO SENDING.

OR, IF YOU USE AN INTERNET EMAIL SERVICE SUCH AS YAHOO, HOTMAIL OR GMAIL, PLEASE SAVE YOUR FORM AND RETURN IT MANUALLY TO VOMCITYTAXFORM@MIDDLEFIELD.OHIO.COM USING YOUR INTERNET EMAIL SERVICE.

IF YOU OWE, PLEASE PRINT AND SIGN THIS FORM (NEAR THE SIGNATURE LINE) AND MAIL TO THE ABOVE ADDRESS ALONG WITH YOUR CHECK AND ANY ADDITIONAL REQUIRED FORMS.

IF YOU EXPERIENCE ANY PROBLEMS SUBMITTING YOUR COMPLETED FORM, PLEASE PRINT, SIGN AND SEND TO THE ADDRESS ABOVE OR CONTACT THE VILLAGE OF MIDDLEFIELD INCOME TAX DEPARTMENT AT 440-632-5248 OR CITYTAXQUESTIONS@MIDDLEFIELD.OHIO.COM.