

File With  
**INCOME TAX DEPARTMENT**  
**14860 N. State Ave.**  
**Middlefield, Ohio 44062**  
 Phone: (440) 632-5248  
 Make checks and Money Orders Payable  
 to Village of Middlefield

Village of Middlefield  
 www.Middlefieldohio.com  
**20\_\_ INCOME TAX RETURN**  
 Fiscal Period \_\_\_\_\_ to \_\_\_\_\_  
 Calendar year Taxpayers File on or  
 Before April 15th.  
 Fiscal Years File within 105 Days of End of  
 Period

Check your status as a taxpayer  
 Employee \_\_\_ Partner \_\_\_ Proprietor \_\_\_  
 Corporation \_\_\_ Retired \_\_\_  
 Other-Please Explain \_\_\_\_\_  
 Resident \_\_\_ Non-Resident \_\_\_  
 Did you file a return last year?  
 Y \_\_\_ N \_\_\_

**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.**

Under 18 - DOB \_\_\_\_\_ (attach Proof)

TAX PAYER'S NAME AND ADDRESS

May we discuss this return with the Tax  
 Preparer? Y \_\_\_ N \_\_\_

THIS SPACE FOR TAX OFFICE USE ONLY

F  
 D  
 P & I  
 Check  
 Cash  
 Refund Requested

YOUR SOCIAL SECURITY NO.:

SPOUSE'S SOCIAL SECURITY NO.:

FEDERAL ID NO.:

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.

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

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

IF MOVED SINCE THE PREVIOUS FINAL RETURN WAS DUE, GIVE MOVE: IN DATE: \_\_\_\_\_ OUT DATE: \_\_\_\_\_  
 RENTING: Yes No Name of Landlord: \_\_\_\_\_

1. Wages, Salaries, Tips and Other Employee Compensation (**Attach all W-2's, Federal Schedules, 1st and 2nd page of 1040**)
  - 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 \$ \_\_\_\_\_
  - 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: Refund \$ \_\_\_\_\_ or Credited to Estimated Taxes \$ \_\_\_\_\_

**DECLARATION OF ESTIMATED TAXES**

10. Income Subject to Tax \$ \_\_\_\_\_ (A) Times Tax Rate of 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) = \$ \_\_\_\_\_**

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 \_\_\_\_\_

**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)**

6. New Income or Loss Schedule \$ \_\_\_\_\_

A. Address of Property		
B. Rent Amount		
C. Depreciation		
D. Repairs		
E. Other Expenses		
F. Net Income		

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

7. Total Income Schedule H \$ \_\_\_\_\_

A. Received From		
B. for (Describe)		
C. Amount		

**8. Add Totals of Schedules C, E, & H. Enter Here and on line 2 Page 1 \$ \_\_\_\_\_**

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

<u>Items NOT Deductible</u>		<u>Items NOT Taxable</u>	
A. Net Loss from Capital or Other Assets	\$ _____	N. Capital Gains	\$ _____
B. Expenses Applicable to Non-Taxable Income	\$ _____	O. Interest	\$ _____
C. Taxes Based on Income	\$ _____	P. Dividends	\$ _____
	\$ _____	Q. Royalty Income (intangible)	\$ _____
D. Contributions		R. Other (Explain)	\$ _____
E. Net Operating Loss Deduction	\$ _____	S. Total Deductions	\$ _____
F. Payments To Partners or Owners	\$ _____		
G. Other (Explain)	\$ _____		
H. Total Additions	\$ _____		

**SCHEDULE Y - BUSINESS APPORTIONMENT FORMULA**

	A. Located Everywhere	B. Located in Village	C. Percentage B/A)
<b>Step 1.</b> Average Original Cost of Personal Property	\$ _____	\$ _____	_____ %
Gross Annual Rentals (Multiplied by 8)	\$ _____	\$ _____	_____ %
<b>Total of Step 1</b>			
	\$ _____	\$ _____	_____ %
<b>Step 2.</b> Total Wages, Salaries, Commissions and other compensation paid to all employees			
<b>Step 3.</b> Gross receipts from sales and work services performed.	\$ _____	\$ _____	_____ %
<b>Step 4.</b> Total Percentages			_____ %
<b>Step 5.</b> Average Percentage (Divide total percentages by number of percentages used. Enter Here and on Line 4, Schedule C.			_____ %