

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, 1.25% 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 1.25% 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)
Step 1. Average Original Cost of Personal Property	\$ _____	\$ _____	_____ %
Gross Annual Rentals (Multiplied by 8)	\$ _____	\$ _____	_____ %
Total of Step 1			
	\$ _____	\$ _____	_____ %
Step 2. Total Wages, Salaries, Commissions and other compensation paid to all employees			
Step 3. Gross receipts from sales and work services performed.	\$ _____	\$ _____	_____ %
Step 4. Total Percentages			_____ %
Step 5. Average Percentage (Divide total percentages by number of percentages used. Enter Here and on Line 4, Schedule C.			_____ %