

VILLAGE OF MINERVA

FORM IR

FILE WITH
VILLAGE OF MINERVA
INCOME TAX DEPARTMENT
209 N. Market Street
Minerva, Ohio 44657
ON OR BEFORE APRIL, 15.

FILING REQUIRED EVEN IF NO TAX DUE.

MAKE CHECK OR MONEY ORDER
PAYABLE TO
VILLAGE OF MINERVA
INCOME TAX DEPT.

NOTICE: By law, all refunds and credits, in excess of \$10.00 are being reported to IRS

TELEPHONE: Home
Business

NAME OF EMPLOYER

TAXPAYERS NAME AND ADDRESS

ADDRESS: Street
City

ORDER FROM:

ACCOUNT NO.

SOCIAL SECURITY NUMBERS:

TAXPAYER

SPOUSE

IF MOVED SINCE THE PREVIOUS FINAL RETURN WAS DUE GIVE DATE:
INTO CITY OR OUT OF

NOTE: Page 2 must be completed if you have taxable rental property or business income.

- 1. WAGES, SALARIES, TIPS AND OTHER EMPLOYEE COMPENSATION (Attach all W-2's)
2. OTHER TAXABLE INCOME (SEE INSTRUCTIONS)
3. TAXABLE INCOME: LINE 1 PLUS LINE 2
4. MUNICIPAL TAX 1 1/2% OF LINE 3
5. CREDITS (Each W-2 stands independent) NO REFUND OR CREDIT GIVEN WHERE TAX IS PAID IN EXCESS OF 1 1/2%

- A. TAX WITHHELD BY EMPLOYER FOR (NOT TO EXCEED 1 1/2%)
B. ESTIMATED TAX PAID THIS MUNICIPALITY
C. TAX PAID CITY OR VILLAGE OF (NOT TO EXCEED 1 1/2%)
D. PRIOR YEAR OVERPAYMENTS
E. TOTAL CREDITS

- 6. IF LINE 4 IS GREATER THAN LINE 5E PAYMENT OF BALANCE MUST ACCOMPANY THIS RETURN:
A. PENALTY \$ INTEREST \$ (TAX OFFICE USE ONLY)
B. TOTAL AMOUNT DUE

7. OVERPAYMENT TO BE REFUNDED \$ OR CREDITED \$ TO NEXT YEAR ESTIMATE.

DECLARATION OF ESTIMATED TAX FOR YEAR

- 8. TOTAL INCOME SUBJECT TO TAX \$ MULTIPLY BY TAX RATE OF 1 1/2% FOR GROSS TAX OF \$
9. LESS EXPECTED TAX CREDITS
A. OVERPAYMENT FROM PRIOR YEAR(S)
B. PAYMENTS ON TAXABLE INCOME TO ANOTHER MUNICIPALITY (NOT TO EXCEED 1 1/2%)
C. TOTAL CREDITS
10. NET TAX DUE (LINE 8 LESS LINE 9C)
11. AMOUNT PAID WITH THIS DECLARATION (NOT LESS THAN 1/4 OF LINE 10)
12. BALANCE OF TAX

CHECK THIS BOX TO AUTHORIZE US TO SPEAK DIRECTLY TO YOUR TAX PREPARER REGARDING YOUR RETURN.

I CERTIFY THAT I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND DTATEMENTS) AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE. IF PREPARED BY A PERSON OTHER THAN TAXPAYER, THE DECLARATION BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE.

Signature of Person Preparing if Other Than Taxpayer

Signature of Taxpayer or Agent

Address Phone No.

Spouse Signature

|                                                                                  |                                                     |       |
|----------------------------------------------------------------------------------|-----------------------------------------------------|-------|
| <b>SECTION A</b>                                                                 | <b>Profit (or Loss) from Business or Profession</b> |       |
| 1. TOTAL RECEIPTS LESS ALLOWANCES, REBATES AND RETURNS.....                      | \$                                                  | _____ |
| 2. LESS Cost of Labor \$ _____, Materials, supplies and 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 .....                                 | \$                                                  | _____ |
| 6. ADVERTISING AND PROMOTION .....                                               | \$                                                  | _____ |
| 7. AUTO, TRUCK AND TRAVEL .....                                                  | \$                                                  | _____ |
| 8. INT. ON BUSINESS INDEBTEDNESS .....                                           | \$                                                  | _____ |
| 9a. TAXES BASED ON INCOME .....                                                  | \$                                                  | _____ |
| b. OTHER BUSINESS TAXES .....                                                    | \$                                                  | _____ |
| 10. SALARIES AND WAGES .....                                                     | \$                                                  | _____ |
| 11. DEPRECIATION, AMORTIZATION .....                                             | \$                                                  | _____ |
| 12. RENTS (Paid to _____) .....                                                  | \$                                                  | _____ |
| 13. OTHER (List if over 10% of Line 14) .....                                    | \$                                                  | _____ |
| 14. TOTAL BUSINESS DEDUCTIONS (Total of Lines 6 to 13)...                        | \$                                                  | _____ |
| 15. NET PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION (LINE 5 LESS LINE 14) ..... | \$                                                  | _____ |

|                  |                                                  |          |
|------------------|--------------------------------------------------|----------|
| <b>SECTION B</b> | <b>Total from Federal Schedule D, Form 4797.</b> | \$ _____ |
|------------------|--------------------------------------------------|----------|

| <b>SECTION C</b>                  |                | <b>Income from Rents from Schedule E.</b> |         |                |                      |
|-----------------------------------|----------------|-------------------------------------------|---------|----------------|----------------------|
| Kind & Location of Property       | Amount of Rent | Depreciation                              | Repairs | Other Expenses | Net Income (Or Loss) |
|                                   |                |                                           |         |                |                      |
|                                   |                |                                           |         |                |                      |
|                                   |                |                                           |         |                |                      |
|                                   |                |                                           |         |                |                      |
| NET INCOME INCOME SECTION C ..... |                |                                           |         |                | \$ _____             |

| <b>SECTION D</b>                                                                             |                | <b>All other Taxable Income.</b> |          |
|----------------------------------------------------------------------------------------------|----------------|----------------------------------|----------|
| INCOME FROM PARTNERSHIPS, ESTATES & TRUSTS, FEES, TIPS, COMMISSIONS, WAGES AND MISCELLANEOUS |                |                                  |          |
| RECEIVED FROM                                                                                | FOR (DESCRIBE) | AMOUNT                           |          |
|                                                                                              |                |                                  |          |
|                                                                                              |                |                                  |          |
|                                                                                              |                |                                  |          |
| NET INCOME INCOME SECTION D .....                                                            |                |                                  | \$ _____ |

|              |                                                                     |          |
|--------------|---------------------------------------------------------------------|----------|
| <b>TOTAL</b> | <b>From Sections A, B, C &amp; D. Enter on Page 1, Line 1 .....</b> | \$ _____ |
|--------------|---------------------------------------------------------------------|----------|

| <b>SCHEDULE X</b>                                                                         |          | <b>Reconciliation with Federal Income Tax Return</b> |                                                  |                                                                        |
|-------------------------------------------------------------------------------------------|----------|------------------------------------------------------|--------------------------------------------------|------------------------------------------------------------------------|
| ITEMS NOT DEDUCTIBLE                                                                      |          | ADD                                                  | 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 Z)..... | \$ _____ |                                                      | 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 per Federal Return.....                                   | \$ _____ |                                                      |                                                  |                                                                        |
| f. Payments to Partners .....                                                             | \$ _____ |                                                      |                                                  |                                                                        |
| g. Contributions .....                                                                    | \$ _____ |                                                      |                                                  |                                                                        |
| h. Other expenses not deductible (Explain) .....                                          | \$ _____ |                                                      |                                                  |                                                                        |
| m. (Enter Line 2a Other Side) .....                                                       | \$ _____ |                                                      | z. (Enter Line 2b Other Side) .....              | Total \$ <span style="border: 1px solid black; padding: 2px;"> </span> |

|                                                                                                |                                    |                       |                         |                                                                                          |
|------------------------------------------------------------------------------------------------|------------------------------------|-----------------------|-------------------------|------------------------------------------------------------------------------------------|
| <b>SCHEDULE Y</b>                                                                              | <b>Business Allocation Formula</b> | a. LOCATED EVERYWHERE | b. LOCATED IN THIS CITY | c. PERCENTAGE (b + a)                                                                    |
| STEP 1. AVG. VALUE OF REAL & TANG. PERSONAL PROPERTY GROSS ANNUAL RENTALS PAID MULTIPLIED BY 8 |                                    | _____                 | _____                   | %                                                                                        |
| TOTAL STEP 1                                                                                   |                                    | _____                 | _____                   | %                                                                                        |
| STEP 2. GROSS RECEIPTS FROM SALES MADE AND/OR WORK OR SERVICES PERFORMED                       |                                    | _____                 | _____                   | %                                                                                        |
| STEP 3. WAGES, SALARIES AND OTHER COMPENSATION PAID                                            |                                    | _____                 | _____                   | %                                                                                        |
| 4. TOTAL PERCENTAGES                                                                           |                                    | _____                 | _____                   | %                                                                                        |
| 5. AVERAGE PERCENTAGE (Divide Total Percentages by Number of Percentages Used.)                |                                    |                       |                         | Carry to Line 3b, Page 1 <span style="border: 1px solid black; padding: 2px;"> </span> % |

|                                                      |                                  |             |    |                             |        |                   |                       |                   |
|------------------------------------------------------|----------------------------------|-------------|----|-----------------------------|--------|-------------------|-----------------------|-------------------|
| <b>SCHEDULE Z</b>                                    | <b>PARTNER'S SHARE OF INCOME</b> | 2. Resident |    | 3. Dist. Shares of Partners |        | 4. Other Payments | 5. Taxable Percentage | 6. Amount Taxable |
| 1. NAME AND MUNICIPALITY OR TOWNSHIP OF EACH PARTNER |                                  | Yes         | No | Percent                     | Amount |                   |                       |                   |
|                                                      |                                  |             |    |                             |        |                   |                       |                   |
|                                                      |                                  |             |    |                             |        |                   |                       |                   |
|                                                      |                                  |             |    |                             |        |                   |                       |                   |
| TOTALS from Section A and D Above                    |                                  |             |    | 100                         | \$     |                   |                       |                   |