

# 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 2021**

MAKE CHECK OR MONEY ORDER  
PAYABLE TO

VILLAGE OF MINERVA  
INCOME TAX DEPT.

FILING REQUIRED EVEN IF NO TAX DUE.

TELEPHONE: Home \_\_\_\_\_ Business \_\_\_\_\_

TAXPAYERS NAME AND ADDRESS

**SOCIAL SECURITY NUMBERS:**

YOUR S.S. NUMBER \_\_\_\_\_

SPOUSE'S S.S. NUMBER \_\_\_\_\_

BUSINESS FED ID # \_\_\_\_\_

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

I AM EXEMPT FROM FILING BECAUSE: PLEASE EXPLAIN \_\_\_\_\_

1. WAGES, SALARIES, TIPS AND OTHER EMPLOYEE COMPENSATION (Report W2 wages from Box 5 or Box 18 whichever is largest)  
(Copies of all W2's, 1099's and Federal Form 1040 MUST BE ATTACHED)..... \$ \_\_\_\_\_

2. Other Taxable Income

A. Business Profit or Loss (Attach Federal Business Schedules)..... \$ \_\_\_\_\_  
B. Rental Income or Loss (Attach Federal Rental Schedule) ..... \$ \_\_\_\_\_  
C. Net Operating Loss from previous tax year(s)..... \$ \_\_\_\_\_  
D. Total other taxable Income - NOTE: Business & Rental Losses cannot off-set wages..... \$ \_\_\_\_\_

3. Taxable Income (Line 1 plus Line 2D)..... \$ \_\_\_\_\_

4. City Tax Due-1.75% of Line 3..... \$ \_\_\_\_\_

5. CREDITS (Each W-2 stands independent) NO REFUND OR CREDIT GIVEN WHERE TAX IS PAID IN EXCESS OF 1.75%

A. MINERVA INCOME TAX WITHHELD BY EMPLOYER..... \$ \_\_\_\_\_  
B. PAYMENTS MADE ON 2020 DECLARATION OF ESTIMATED TAX..... \$ \_\_\_\_\_  
C. TAX PAID CITY OR VILLAGE OF \_\_\_\_\_ (NOT TO EXCEED 1.75%)..... \$ \_\_\_\_\_  
D. PRIOR YEAR OVERPAYMENTS..... \$ \_\_\_\_\_  
E. TOTAL CREDITS ..... \$ \_\_\_\_\_

6. BALANCE TAX DUE (Line 4 minus 5 E) PAYMENT IN FULL MUST ACCOMPANY THIS RETURN. .... \$ \_\_\_\_\_

A. RETURNS FILED AFTER APRIL 15, 2021 ARE SUBJECT TO:

a. PENALTY IS 15% \_\_\_\_\_ + b. INTEREST .58% PER MONTH \_\_\_\_\_ \$ \_\_\_\_\_  
c. LATE FILING PENALTY IS \$25.00 PER MONTH UP TO \$150.00..... \$ \_\_\_\_\_

B. TOTAL AMOUNT DUE (Line 6 Plus line 6a, 6b & 6c if applicable)..... \$ \_\_\_\_\_

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

NO TAXES OR REFUNDS OF \$10.00 OR LESS SHALL BE COLLECTED OR REFUNDED.

## DECLARATION OF ESTIMATED TAX FOR YEAR

8. TOTAL INCOME SUBJECT TO TAX \$ \_\_\_\_\_ MULTIPLY BY TAX RATE OF 1.5% 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 1.5%) ..... \$ \_\_\_\_\_  
C. TOTAL CREDITS ..... \$ \_\_\_\_\_

10. NET TAX DUE (LINE 8 LESS LINE 9C) ..... \$ \_\_\_\_\_

11. AMOUNT PAID WITH THIS DECLARATION (NOT LESS THAN 22.5% 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 STATEMENTS) 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

Date

Address

Phone No.

Spouse Signature

Date



**FEDERAL FORMS MUST BE ATTACHED**

<b>SECTION A</b>	<b>Profit (or Loss) from Business or Profession</b>
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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>	\$ _____
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<b>SECTION C</b>	<b>Income from Rents from Schedule E.</b>
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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>
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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>	\$ _____
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<b>SCHEDULE X</b>	<b>Reconciliation with Federal Income Tax Return</b>
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ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	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 2).....\$ _____		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 \$	

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

Carry to  
Line 3b, Page 1   %

<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	\$	