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FILE WITH VILLAGE OF MINERVA INCOME TAX DEPARTMENT 209 N. Market Street Minerva, Ohio 44657 RETURN REQUIRED BEFORE APRIL 15 2022

FILING REQUIRED EVEN IF NO TAX DUE.

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

TELEPHONE: Home Business

PAYERS 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

AM EXEMPT FROM FILING BECAUSE: PLEASE EXPLAIN

Table with 2 columns: Description (WAGES, SALARIES, TIPS AND OTHER EMPLOYEE COMPENSATION, Other Taxable Income, A. Business Profit or Loss, B. Rental Income or Loss, C. Net Operating Loss from previous tax year(s), D. Total other taxable income, Taxable Income, City Tax Due) and Amount (\$).

Table with 2 columns: Description (CREDITS, A. MINERVA INCOME TAX WITHHELD BY EMPLOYER, B. PAYMENTS MADE ON 2021 DECLARATION OF ESTIMATED TAX, C. TAX PAID CITY OR VILLAGE OF, D. PRIOR YEAR OVERPAYMENTS, E. TOTAL CREDITS) and Amount (\$).

Table with 2 columns: Description (BALANCE TAX DUE, A. RETURNS FILED AFTER APRIL 15 2022 ARE SUBJECT TO: a. PENALTY IS 15% + b. INTEREST .42% PER MONTH, c. LATE FILING PENALTY IS \$25.00 PER MONTH UP TO \$150.00, B. TOTAL AMOUNT DUE, OVERPAYMENT TO BE REFUNDED \$ OR CREDITED \$ TO NEXT YEAR ESTIMATE) and Amount (\$).

DECLARATION OF ESTIMATED TAX FOR YEAR

Table with 2 columns: Description (TOTAL INCOME SUBJECT TO TAX \$, 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, NET TAX DUE (LINE 8 LESS LINE 9C), AMOUNT PAID WITH THIS DECLARATION (NOT LESS THAN 22.5% OF LINE 10), BALANCE OF TAX) and Amount (\$).

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

SECTION A Profit (or Loss) from Business or Profession

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)\$ _____

SECTION B Total from Federal Schedule D, Form 4797. \$ _____

SECTION C Income from Rents from Schedule E.

Kind & Location of Property	Amount of Rent	Depreciation	Repairs	Other Expenses	Net Income (Or Loss)

NET INCOME INCOME SECTION C..... \$ _____

SECTION D All other Taxable Income.

INCOME FROM PARTNERSHIPS, ESTATES & TRUSTS, FEES, TIPS, COMMISSIONS, WAGES AND MISCELLANEOUS		
RECEIVED FROM	FOR (DESCRIBE)	AMOUNT

NET INCOME INCOME SECTION D..... \$ _____

TOTAL From Sections A, B, C & D. Enter on Page 1, Line 1 \$ _____

SCHEDULE X Reconciliation with Federal Income Tax Return

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 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 \$ _____

SCHEDULE Y Business Allocation Formula

	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

1. NAME AND MUNICIPALITY OR TOWNSHIP OF EACH PARTNER	2. Resident		3. Dist. Shares of Partners		4. Other Payments	5. Taxable Percentage	6. Amount Taxable
	Yes	No	Percent	Amount			
TOTALS from Section A and D Above			100	\$ _____			