

TAX OFFICE HOURS:
 Monday thru Friday: 8:00am - 4:00pm. or by appointment
 Assistance is available at the Tax Office, 526 N. Webster St. Gibsonburg, Ohio 43431 419-637-6004

THIS IS NOT A FEDERAL RETURN
INCOME TAX RETURN 2018

GIBSONBURG, OHIO INCOME TAX
 FOR THE CALENDAR YEAR 2018
 FOR FISCAL YEAR BEGINNING _____, ENDING _____

ALL RESIDENTS MUST FILE A TAX RETURN UNLESS THEY ARE RETIRED WITH NO TAXABLE INCOME.

This return must comply with Ordinance 839, as amended, and with its supplemental regulations.

PROVIDE NAME(S) AND ADDRESS BELOW:

Taxpayer Social Security No. _____
 Spouse Social Security No. _____
 If you moved: Into Gibsonburg on _____
 From Gibsonburg _____
 List any year that IRS changed your taxable income _____
 Will you have taxable income for 2019? No Yes

SCHEDULE A

ENTER YOUR TOTAL WAGES, salaries, bonuses, incentive payments, commissions BEFORE ANY PAYROLL DEDUCTIONS, received between January 1st and December 31 from each employer or source. Please use box 5 (Medicare Wages) for Wages. **(ROUND TO NEAREST DOLLAR)**

(A1) Name of Employer	(A2) City or Twp. Where Employed	(A3) Gibsonburg Tax Withheld	(A4) Total Wages
		\$.00	.00
		.00	.00
		.00	.00
		.00	.00
		.00	.00
TOTAL		\$.00	\$ XXXXXXXXXXXXXXXX

****STAPLE FORMS W-2 ACROSS TOP, REAR.****

1. Total Wages..... (1)		\$.00
2. Other Income (Lottery & Gambling winnings) and (from page 2 or Federal Income Schedules attached)..... (2)		\$.00
3. Total Income..... (3)		\$.00
4. Gibsonburg Income Tax, 1% of line 3..... (4)		\$.00
5. Tax Credits:		
(a) Gibsonburg Tax Withheld.....	\$.00	
(b) Prior year credit.....	\$.00	
(c) Estimates paid.....	\$.00	
Total Credit (5a + 5b + 5c)..... (5)		\$.00
6. Line 4 Less Line 5 (If minus figures, enter on line 9 and mark disposition)..... (6)		\$.00
7. Additional Charges:		
(a) Interest Charges.....	\$.00	
(b) Penalty (15% of th amount on Line 6).....	\$.00	
(c) Late filing Penalty (\$25/mth, max \$150 in addition to lines 7a & 7b if filed late \$.....	\$.00	
(d) Total of lines (7a, 7b, & 7c)..... (7)		\$.00
8. TOTAL DUE: (Line 6 plus line 7) - Make check payable to GIBSONBURG VILLAGE INCOME TAX. DUE WITH RETURN..... (8)		\$.00
9. Overpayment: Credit on next year's return: Estimate: \$ _____ Refund \$ _____..... (9)		\$.00

FILE THIS RETURN WITH INCOME TAX DEPARTMENT, 526 N. WEBSTER ST., GIBSONBURG, OHIO 43431 ON OR BEFORE APRIL 15, 2019

IF RENT IS PAID OR RECEIVED, STATE TO OR FROM WHOM:

The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated and that the figures used herein are the same as used for Federal Income tax purposes, and if an audit of Federal return is made which affects tax liability shown on this return, an amended return will be filed within three months.

CHECK BOX IF WE MAY DISCUSS THIS RETURN WITH YOUR PREPARER.

 Signature of person preparing this return other than taxpayer

X

 Signature (Title) (Date)

 Name and Address of Firm or Employer

XX

 Signature Telephone

DISREGARD THIS PAGE IF ENTIRE TAXABLE INCOME IS FROM SALARIES AND WAGES.

Note: A copy of the appropriate Federal Schedule is required for Schedules C and E, and is required for Schedules D, F, and Z

SCHEDULE C Profit (Loss) from Business or Profession

Name Address Type of Business

- 1. Total Receipts, less Allowances, Rebates and Returns
2. Less (a) Cost of Goods Sold, or (b) Cost of Operations, whichever is applicable
3. Gross Profits from Sales, etc., (line 1 less line 2)
4. Dividends \$; Interest \$; Royalties \$
5. Rents Received, If Connected with Trade or Business
6. Other Business Income (Specify)
7. Total Business Income Before Deductions \$

BUSINESS DEDUCTIONS

- 8. Compensation of Officers \$
9. Salaries and Wages Not Deducted Elsewhere
10. Rents
11. Interest or Business Indebtedness
12. City Income Taxes on Business
13. Other Business Taxes
14. Bad Debts
15. Depreciation, Amortization, Depletion
16. Repairs
17. Commissions (Attach 1099)
18. Subcontracts (Attach List)
19. Other
20.
21.
22.
23.
24.
25.
26.
27.
28.
29.
30.
31. Total Business Deduction (total of lines 8 to 30) \$
32. Net Profit (Loss) \$

*Landlord's Name and Address

SCHEDULE D Total from Federal Schedule (attach copy)

\$

SCHEDULE E Rental and other Income

Table with columns: Location of Property, Amount of Rent, Depreciation, Repairs, Other Expenses, Net Income. Includes a Totals row.

Other Income - Partnerships, Commissions, Fees, Tips, Etc. (Do not include interest or dividends.)

Table with columns: Received From, For (describe), \$, \$.

SCHEDULE F Farm Income Attach Copy of Federal Schedule F or 4835

Location of Farm Total Income (or Loss) Schedule F \$

TOTALS Schedules C, D, E & F \$

SCHEDULE Y Business Allocation Formula

Table with columns: a. Located Everywhere, b. Located in This Municipality, c. Percentage (b ÷ a). Includes steps 1 through 5 for property value and percentage calculations.

SCHEDULE Z Partnership Entity - Taxable Income Fed. Form 1065 including Schedules must be provided

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