

File with
KALIDA INCOME TAX DIVISION
Box 495
Kalida, Ohio 45853-0495

VILLAGE OF KALIDA

INCOME TAX RETURN

For Jan. 1, - Dec. 31,

Year

Check your status as a Taxpayer

EMPLOYEE PROFESSIONAL
PROPRIETOR PARTNER
CORPORATION OTHER

Nature of Business or Occupation

RESIDENT NON-RESIDENT

Did you have employees in ?
YES NO

PLEASE ANSWER ABOVE QUESTIONS

Make Checks and Money Orders
Payable To
KALIDA INCOME TAX DIVISION

or

Fiscal Period _____ to _____

CALENDAR YEAR TAXPAYERS FILE ON OR BEFORE APRIL 30.
FISCAL and PARTIAL YEARS FILE WITHIN 105 DAYS of end of period.

NOTE 1: Form W-2 required of wage earners.
NOTE 2: Any Taxpayer attaching a copy of his Federal
Return or Schedules, where applicable, need not complete
Pg. 2 (except Schedule Y, Pg. 2, when Line 5b, Pg. 1, is used).

IF ADDRESS IS INCORRECT PLEASE MAKE CORRECTION.

1. Enter total compensation received before any payroll deductions. If this is your only source of income, disregard Lines 2 thru 6 and compute your tax on Line 7.

PRINT EMPLOYER'S NAME	CITY WHERE EMPLOYED	Kalida Tax Withheld	WAGES, ETC.
		\$	\$
1a. TOTALS (If above is fully taxable and your only income, go next to Line 7.)		\$	\$
2. Other Income from Line 22 Page 2.....			
3. Total Income (Total of Lines 1 and 2 or per Federal Return attached).....			
4a. Items not deductible (from Line m Schedule X below).....Add			
b. Items not taxable (from Line z Schedule X below).....Deduct			
c. Difference between Lines 4a. and 4b. to be added to or subtracted from Line 3			
5a. Adjusted Net Income (Line 3 plus or minus 4c.).....			
b. Amount allocable to Kalida if Schedule Y Page 2 is used (____% of Line 5a).....			
6. Amount subject to Kalida Income Tax (Line 1a, 2, 3, or 5a or 5b).....			\$
7. Kalida Income Tax 1% - Multiply Line 6 by .01 (or Line 1a. where applicable).....			\$
8. Credits (A) Kalida Tax withheld by employer(s) from Line 1a.		\$	
(B) Payments on _____ Declaration.....		\$	
(C) Income Taxes paid City of _____ (Limit 1%).....		\$	
(X) Total Credits Allowable.....			\$
9a. Balance of Tax Due (Line 7 Less Line 8X).....			\$
b. Late filing fee \$50.00.....			\$
c. Penalty 1% per month on outstanding balance.....			\$
10. Amount payable to Kalida Income Tax Division (payment must accompany this form).....			\$
11. Overpayment claimed _____ refund <input type="checkbox"/> credit to _____ Declaration <input type="checkbox"/> .			

SCHEDULE X - RECONCILIATION WITH FEDERAL INCOME TAX RETURN

ITEMS NOT DEDUCTIBLE

ADD

ITEMS NOT TAXABLE

DEDUCT

a. Net loss from sale, exchange or other disposition of capital or other assets

b. Interest and or Other Expense incurred in the production of non-taxable income.....

c. City Income Taxes Paid or Accrued

d. Withdrawals by Owner

e. Contributions

f. Other Deductions Not Allowable (explain).....

.....

m. Total Additions (enter as Line 4a above)

n. Net gain from sale, exchange or other disposition of capital or other assets

o. Interest Income

p. Dividends (less Federal exclusion)

q. Income from Patents and Copyrights

r. Other income exempt from Kalida Income Tax (explain)

.....

z. Total Deductions (enter as Line 4b above)

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:

Signature of Person Preparing, if Other Than Taxpayer _____ Date _____

Signature of Taxpayer or Agent _____ Date _____

Address or Name and Address of Firm or Employer _____

Title _____

SCHEDULE C - PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION

If copy of Federal Return and schedules are attached, omit this page (except schedule Y when Line 5b, page 1, is used).

IF DIFFERENT Business Name & Address

FROM PAGE 1 Nature 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 PROFIT 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. ADVERTISING AND PROMOTION
9. AUTO, TRUCK AND TRAVEL
10. BAD DEBTS
11. REPAIRS
12. INTEREST ON BUSINESS INDEBTEDNESS
13. a. INCOME TAXES ON BUSINESS
b. OTHER BUSINESS TAXES
14. a. COMPENSATION OF OFFICERS
b. Salaries & Wages-not deducted elsewhere
c. PAYMENTS TO PARTNERS
d. COMMISSION - FEES
15. DEPRECIATION, AMORTIZATION
16. RENTS (Paid to)
17. OTHER (List if over 10% Line 18)
a. Insurance

18. TOTAL BUSINESS DEDUCTIONS (Total of Lines 8 thru 17a)

19. NET PROFIT (or loss) FROM BUSINESS OR PROFESSION (Line 7 less Line 18)

20. SCHEDULE G - INCOME FROM RENTS (If not included in Schedule C.)

Table with 6 columns: Kind & location of property, Amount of Rent, Depreciation, Repairs, Other Expenses, Net Income (or loss)

NET INCOME (or loss) SCHEDULE G

21. SCHEDULE H - OTHER INCOME NOT INCLUDED IN SCHEDULES C or G

INCOME FROM PARTNERSHIPS, ESTATES & TRUSTS: FEES, TIPS, ETC.

Table with 3 columns: Received From, For (describe), Amount

TOTAL INCOME SCHEDULE H

22. TOTAL SCHEDULES C, G, & H. ENTER AS LINE 2, PAGE 1.

SCHEDULE Y - BUSINESS ALLOCATION FORMULA

Table for business allocation formula with columns: a. Located Everywhere, b. Located in Kalida, c. Percentage (b ÷ a)

SCHEDULE Z - PARTNERS' DISTRIBUTIVE SHARES OF NET INCOME

Table with 6 columns: 1. Name of each partner, 2. Address, 3. Distributive Shares of Partners (Percent, Amount), 4. Other Payments, 5. Taxable Percentage, 6. Amount Taxable

Has your Federal Tax Liability for any prior year been changed in the year covered by this return as a result of an examination by the Internal Revenue Service?

YES NO If yes, has an amended Kalida Return been filed for such year or years? YES NO