

2014 CENTERVILLE INCOME TAX RETURN

OR FISCAL YEAR _____ TO _____

DUE ON OR BEFORE APRIL 15, 2015 OR BY THE 15th DAY

OF THE 4th MONTH AFTER THE END OF FISCAL YEAR

FILING REQUIRED EVEN IF NO TAX DUE

CHECK ONE OR MORE:

- Employee
- Partner
- Corporation
- Resident
- Part Year Resident
- Proprietor
- Partnership
- SUB S
- Non Resident



CENTERVILLE DIVISION OF TAXATION
 100 W. SPRING VALLEY RD.
 CENTERVILLE, OH 45458
 PHONE: (937) 433-7151
 FAX (937) 433-0310

PLEASE VISIT WWW.CENTERVILLEOHIO.GOV FOR THE ON-LINE TAX PREPARATION TOOL

TAXPAYER NAME AND ADDRESS _____ TAXPAYER SS# or FED ID# _____

SPOUSE SOC. SEC. NO. _____

File: _____

Occupation or Nature of Business _____

Spouse's Occupation _____

City of Income _____

Phone Number _____

Email Address _____

If the information above is incorrect, please make corrections.

Did you file a City return last year?

YES NO

If no, please explain: _____

Did you move during the year?

Into or Out of Centerville

Date Moved: _____

Old Address: _____

INCOME AND TAX COMPUTATION

1. Total Qualifying Wages (typically Box 5 from W2 – attach all W2's) 1. _____
2. Less allowable employee business expenses (see instructions for Line 2) 2. _____
3. Net taxable wages (Line 1 – Line 2) 3. _____
4. Other Income from page 2, Section A, Line 7 (DO NOT ENTER AMOUNTS LESS THAN ZERO) 4. _____
5. Total income subject to tax (Line 3 + Line 4) 5. _____
6. Tax due – Line 5 x 1.75% 6. _____
7. CREDITS:
 - a. Centerville tax withheld (per Box 19 on W2) 7a. _____
 - b. Other city tax withheld (lower of 1.75% per W2 wage or Box 19) 7b. _____
 (limited to 1.75% of that portion of the income on each W2 form taxed by another municipality)
 - c. Credit from prior year 7c. _____
 - d. Estimated tax payments 7d. _____
 - e. Other credits or adjustments 7e. _____
 - f. Total credits (Line 7a through Line 7e) 7f. _____
8. Tax due before penalty and interest (Line 6 – Line 7f) 8. _____
9. Penalties and interest
 - a. Underpayment penalty (if 90% of tax not paid or withheld by January 31st) 9a. _____
 - b. For delinquent returns: Late payment penalty _____ Interest _____ 9b. _____
 - c. Late filing penalty _____ 9c. _____
10. Total amount due (Checks payable to City of Centerville. No tax due or refunded if under \$5.00) 10. _____
11. a. Overpayment: Credit to 2015 _____ 11b. Refund _____ 11. _____

DECLARATION OF ESTIMATED TAX FOR 2015

12. Income subject to tax \$ _____ x 1.75% 12. \$ _____
13. Less tax withheld by employer @ 1.75% 13. \$ _____
14. Less Payments to another municipality @ 1.75% (or actual rate if lower than 1.75%) 14. \$ _____
15. Net Tax Due 15. _____
16. Less Overpayment from prior year (Line 11a above) 16. \$ _____
17. Amount Paid With This Declaration (1/4 of line 15 less line 16) 17. _____
18. Balance of Estimated Tax 18. \$ _____
19. TOTAL PAID WITH THIS RETURN (Line 10 plus Line 17) 19. \$ _____

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.

Signature of Person Preparing Return (If Other Than Taxpayer) _____ Date _____

Signature of Taxpayer _____ Date _____

Preparer Phone Number _____

Signature of Spouse _____ Date _____

Preparer Email Address _____

Check here if we may contact the above preparer with questions.

ATTACH W2'S HERE

ATTACH ALL APPLICABLE FEDERAL SCHEDULES

SECTION A INCOME OTHER THAN WAGES

- 1. Profit or loss from business or profession from Federal Form 1120, Form 1120S, Form 1065 or Schedule C (from Schedule X Line 3 or Schedule Y below)..... \$ _____
- 2. Schedule E – income (loss) from rental property and royalties (attach copy of Federal Schedule E) \$ _____
- 3. Schedule K1 – income (loss) from partnerships (attach K1) (S corps are taxed at the entity level in Centerville) \$ _____
- 4. Ordinary income <loss> from Federal Form 4797 \$ _____
- 5. Total from Lines 1, 2, 3 and 4. If less than zero, enter zero \$ _____
- 6. Other income not included above – e.g. commissions, tips, director’s fees, gambling winnings, miscellaneous (attach documentation)..... \$ _____
- 7. Total income other than wages (Line 5 + Line 6). Carry to Line 4 on front page \$ _____

SCHEDULE X Reconciliation with Federal Income Tax Return as Required by ORC Section 718

(SCHEDULE X PERTAINS TO BUSINESSES ONLY – NOT TO BE USED BY INDIVIDUALS OTHER THAN SOLE PROPRIETORSHIPS)

- 1. ADJUSTED FEDERAL TAXABLE INCOME/<LOSS> PER FEDERAL RETURN ATTACHED (SEE INSTRUCTIONS) \$ _____
- 2. A. ITEMS NOT DEDUCTIBLE (From Line M Below)Add _____
 B. ITEMS NOT TAXABLE (FROM LINE Z Below)Deduct _____
 C. Line 2 A minus Line 2B..... \$ _____
- 3. ADJUSTED NET INCOME/<LOSS> (Line 1, Plus or Minus Line 2C). Enter on Line 1 in Section A above or in Schedule Y below \$ _____

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
a. Capital losses deducted	\$ _____	n. Capital gains	\$ _____
b. Five percent of intangible income reported in letter O ..	\$ _____	o. Federally reported intangible income such as, but not limited to interest, dividends, and patent and copyright income	\$ _____
c. Taxes based on income (State)	\$ _____	p. Other (Explain)	
d. Taxes based on income (City)	\$ _____	
e. Guaranteed payments or accruals to or for current or former partners or members	\$ _____	\$ _____
f. Federally deducted amounts paid or accrued to or for qualified self-employed retirement plans, health insurance plans, and life insurance plans for owners or owner-employees of non-C corp entities	\$ _____		
g. Charitable contributions (above federal allowance)	\$ _____		
h. Other (Explain)	\$ _____		
m. Total Additions	\$ _____	z. Total Deductions	\$ _____

SCHEDULE Y Business Apportionment Formula

	A. LOCATED EVERYWHERE	B. LOCATED IN CENTERVILLE	C. PERCENTAGE (B ÷ A)
STEP 1. AVERAGE ORIGINAL COST OF REAL & TANGIBLE 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 _____ %

ADJUSTED NET INCOME _____ x Average Percentage _____ = **TAXABLE INCOME** _____
 (Schedule X Line 3) Carry Taxable Income to Section A above, Line 1 or Line 2

Are any employees leased in the year covered by this return? YES NO
 If YES, please provide the name, address and FID number of the leasing company _____

EXTENSION POLICY: Extensions may, upon request, be granted for filing of the annual return, provided an IRS extension has been secured. **EXTENSION REQUESTS MUST BE MADE IN WRITING AND RECEIVED BY THIS TAX OFFICE ON OR BEFORE THE ORIGINAL DUE DATE OF THE RETURN.** Only those extension requests received in duplicate with a self-addressed, postpaid envelope will have a copy returned after being appropriately marked.