

# 2015 CENTERVILLE INCOME TAX RETURN

OR FISCAL YEAR \_\_\_\_\_ TO \_\_\_\_\_

DUE ON OR BEFORE APRIL 18, 2016 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 \_\_\_\_\_  
 Your City of Income \_\_\_\_\_  
 Spouse's Occupation \_\_\_\_\_  
 Spouse's 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 – see Line by Line Instructions
  - a. Underpayment penalty (if 90% 2015 of tax (or 100% of 2014 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 (No tax due or refunded if under \$5.00) ..... 10. \_\_\_\_\_
11. Overpayment (Line 7f greater than Line 6) ..... 11. \_\_\_\_\_
12. Credit to next year ..... 12. \_\_\_\_\_
13. Amount to be refunded (amounts less than \$5.00 will not be refunded) ..... 13. \_\_\_\_\_
14. Amount paid for 1st quarter 2016 estimated tax (from separate Declaration of Estimated Tax Form) ..... 14. \_\_\_\_\_
15. TOTAL PAID WITH THIS RETURN (Line 10 plus Line 14) ..... 15. \_\_\_\_\_

Make checks payable to City of Centerville. To pay by credit card, debit card or electronic check, visit our website at [www.centervilleohio.gov](http://www.centervilleohio.gov) and use the link to Official Payments. There is a convenience fee for this service. You may also submit an electronic payment through your bank.

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.