

**FILE WITH: VILLAGE OF PEMBERVILLE
INCOME TAX DEPARTMENT**
115 MAIN STREET
PO BOX 109
PEMBERVILLE, OH 43450
PHONE: (419)287-3832
FAX: (419)287-3738

(TAX OFFICE USE ONLY)	
DEPOSIT#	_____
DATE	_____
AMT PD	_____
REVIEW	<input type="checkbox"/>
FILE	<input type="checkbox"/>
Account No.	_____
Federal ID No.	_____
Soc. Sec. No. (H)	_____
Soc. Sec. No. (W)	_____

Tax Year: Due Date: April 15, _____
Fiscal Period from _____ through _____

ENTER NAME AND ADDRESS:	IF YOU MOVED DURING THE YEAR, COMPLETE THIS BLOCK	
	Date moved into Pemberville	_____
	Previous Address	_____
	Date moved out of Pemberville	_____
	Present Address	_____
	City, State, Zip	_____
PHONE NO.	Landlord's name and address:	
FILING REQUIRED EVEN IF NO TAX DUE		

SECTION A - INCOME	Indicate here if you are:	<input type="checkbox"/> Retired and have no taxable income
	<input type="checkbox"/> Unemployed for the entire year	<input type="checkbox"/> Other _____

1. ENTER EMPLOYER'S NAME, WHERE EMPLOYED AND QUALIFYING WAGES, SALARIES, BONUSES, COMMISSIONS AND OTHER COMPENSATION RECEIVED. IF ADDITIONAL SPACE IS NEEDED ATTACH SEPARATE SHEET.

EMPLOYER'S NAME (List W-2's separately)		CITY WHERE EMPLOYED	TAX WITHHELD FOR PEMBERVILLE	TOTAL WAGES PER W-2's & 1099's ATTACHED
W-2'S & 1099 MISC. FOR WAGES MUST BE ATTACHED	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
1a. (IF THIS IS YOUR ONLY INCOME GO TO LINE 3)				1a.

(LOSSES FROM PAGE 2 MAY NOT BE DEDUCTED FROM W-2 EARNINGS)

2. PAGE 2 INCOME SCHEDULES C, E & H 2. _____
(returns will not be accepted without copies of federal schedules)
3. INCOME SUBJECT TO VILLAGE OF PEMBERVILLE TAX 3. _____
4. VILLAGE OF PEMBERVILLE INCOME TAX - 1% OF LINE 3 4. _____

SECTION B - CREDITS

- 5a. PAYMENTS ON ESTIMATED TAX 5a. _____
- 5b. CREDITS FROM PRIOR YEAR (CARRYOVERS) 5b. _____
6. VILLAGE OF PEMBERVILLE TAX WITHHELD 6. _____
7. TOTAL CREDITS (ADD LINES 5a, 5b AND 6) 7. _____
8. IF LINE 4 IS GREATER THAN LINE 7, ENTER DIFFERENCE BALANCE DUE 8. _____
9. INTEREST (1% PER MONTH) _____ AND PENALTY (1% OR \$2.00 PER MONTH, WHICHEVER IS GREATER) TOTAL P/I 9. _____
10. TOTAL DUE - (PAYMENTS OF \$5.00 OR LESS ARE NOT REQUIRED) 10. _____
11. IF LINE 7 IS GREATER THAN LINE 4 RESULTING IN OVERPAYMENT, PLEASE INDICATE IF YOU DESIRE REFUND \$ _____ OR CREDITED TO TAX \$ _____
(OVERPAYMENT LESS THAN \$5.00 WILL NOT BE REFUNDED OR CARRIED FORWARD) 11. _____

The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated and 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 firm or person, other than taxpayer, preparing return)	_____ Date	_____ Signature of Taxpayer	_____ Date
_____ Address	_____ Phone No.	_____ Signature of Spouse (if joint return)	_____ Date

If you used the services of a tax preparer, the Income Tax Division may need to discuss your tax return, estimated payments and federal schedules with him or her. CHECK THE FOLLOWING BOX IF YOU WISH TO ALLOW US TO DISCUSS YOUR PEMBERVILLE TAX RETURN WITH YOUR PREPARER

**SCHEDULE C
PROFIT OR LOSS FROM BUSINESS OR PROFESSION - Attach a copy of Federal Schedules**

Business Name	Business Address	
1. Net Profit or Loss		\$
2. Add Items not Deductible (Schedule X Line J)		
3. Deduct Items not Taxable (Schedule X Line T)		()
4. Adjusted Net Profit or Loss		
5. Schedule Y ___% allocable to This Village		\$
6. Less allocable net loss carry-forward 5 year limit		
7. Net Profit or Loss (NET PROFIT ONLY, Line 4 or Line 7 enter on Line 2, page 1)		\$

SCHEDULE E - INCOME FROM RENTS
Attach copy of Federal Schedules

Type & Address of property, City & State	Amount of Rent	Depreciation	Repairs	Other Expenses	Eligible Loss Carry Forward	Net Income or Loss
	\$	\$	\$	\$	\$	\$

NOTE: LOSS Carry - Forward 5 year limit NET INCOME ONLY - Enter on Line 2, page 1 \$ _____

SCHEDULE H - ALL OTHER TAXABLE INCOME - Attach a copy of Federal Schedules

Income from partnerships (1065), S Corporations (1120S), Farm, Estates, Trusts, Director's Fees, Ordinary Income (Form 4797) and other sources.
(Refer to the TAXABLE INCOME and NET PROFITS listing.)

Received From	For (DESCRIBE)	Amount
		\$

TOTAL INCOME - Enter line 2, page 1 \$ _____

FOR BUSINESS ACCOUNTS SCHEDULE X - RECONCILIATION WITH FEDERAL INCOME TAX RETURN

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE/ITEMS NOT DEDUCTIBLE OF FEDERAL FORMS	DEDUCT
A. Federally deducted losses from IRC 1221 or 1231 property of dispositions	A. \$ _____	N. Capital gains (IRC 1221 or 1231 property dispositions except to the extent of the income and gains apply to those described in IRC 1245 or 1250)	N. \$ _____
B. Five percent of intangible income reported in letter O, except that from IRC 1221 property dispositions	B. _____	O. Federally reported intangible income such as, but not limited to interest dividends and patent and copyright income	O. _____
C. Taxes based on income (State)	C. _____	P. Amount of Federal Tax Credit to the extent they have reduced corresponding operating expenses	P. _____
D. Taxes based on income (City)	D. _____	Q. Not previously deducted IRC Section 179 Expense	Q. _____
E. Guaranteed payments or accruals to or for current or former partners or members	E. _____	R. Other	R. _____
F. Federally deducted dividends distributions, or amounts set aside for, credited to or distributed to REIT or RIC investors	F. _____	T. Total Lines N through R	T. \$ _____
G. 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 corporation entities	G. _____		
H. Charitable Contributions (up to federal allowance)	H. _____		
I. Other	I. _____		
J. Total Lines A through I	J. _____		

SCHEDULE Y BUSINESS ALLOCATION FORMULA

	A. LOCATED EVERYWHERE	B. LOCATED IN THIS VILLAGE	PERCENTAGE (B ÷ A)
STEP 1. AVG. 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 (SEE INSTRUCTIONS)	\$ _____	\$ _____	_____ %
STEP 3. WAGES, SALARIES AND OTHER COMPENSATION AND	\$ _____	\$ _____	_____ %
4. TOTAL PERCENTAGES			
5. AVERAGE PERCENTAGES (Divide Total Percentages by Number of Percentages Used)			_____ %

Carry to Schedule C, Line 5 _____ %

SCHEDULE Z Partner's Distributive Shares of Net Income (From Federal Schedule 1065K and 1099)

1. NAME AND ADDRESS OF EACH PARTNER	2. Residents		3. Dist. Shares of Partners		4. Other Payments	5. Taxable Percentage	6. Amount Taxable
	Yes	No	Percent	Amount			
(a)			%	\$	\$	%	\$
(b)			%	\$	\$	%	\$
(c)			%	\$	\$	%	\$
(d)			%	\$	\$	%	\$
7. TOTALS			100%	\$	\$		\$