

FILE WITH
CITY OF STRUTHERS INCOME TAX
 6 ELM STREET
 STRUTHERS, OHIO 44471
 PHONE: (330) 755-2181 FAX: (330) 755-2916
 Web: www.cityofstruthers.com

YEAR
 or Fiscal Period

FOR TAX OFFICE USE ONLY	
AMOUNT PAID <input type="checkbox"/> CASH	DATE
<input type="checkbox"/> CHECK NO	
AUDITED BY	DATE OF AUDIT

DUE DATE: APRIL 15

CALENDAR YEAR TAXPAYERS FILE ON, OR BEFORE APRIL 15TH. PENALTY: .5% PER MONTH FOR FIRST 6 MONTHS PAST DUE OR \$25.00, WHICHEVER IS GREATER. INTEREST 12% PER ANNUM ON UNPAID BALANCE.

ATTACH: ALL W-2 FORMS, 1099 Misc. Income Forms, substantiating Federal Schedules (i.e. A, C, E, F,) form 2106 and Federal 1040, 1040A, 1040EZ, 1120 or 1120A, 1120S.

RETIRED <input type="checkbox"/>	UNEMPLOYED <input type="checkbox"/>	DATE OF BIRTH
PLEASE MAKE ANY NAME OR ADDRESS CHANGES BELOW.		TAXPAYER: / /
		SPOUSE: / /

TAXPAYERS CITY WHERE EMPLOYED	_____
SPOUSES CITY WHERE EMPLOYED	_____
SOCIAL SECURITY NO. (SELF)	SOCIAL SECURITY NO. (SPOUSE)
_____	_____
FED. I.D. NO.	PHONE NO.
_____	() -

INCOME	1. WAGES, SALARIES, TIPS & ALL OTHER EMPLOYEE COMPENSATION (Enclose W-2 Forms and/or 1099 MISC. Forms) (Total Compensation Before Any Payroll Deductions - Include, Sub Pay, Deferred Compensation) Do not include interest income. (1) \$ _____
	2. OTHER INCOME (List Type _____) (Include Income From Tips, Commissions, And Other Miscellaneous Income.) (2) \$ _____
	3. PROFIT AND LOSS (LOSSES MAY NOT BE USED TO OFFSET SALARIES, WAGES, COMMISSIONS OR OTHER PERSONAL SERVICE COMPENSATION)
	A. BUSINESS OR PROFESSION LOSS (\$ _____) PROFIT \$ _____ (Attach Schedule C. Form 1120, 1120A, 1065 of 1120S)
	B. RENTS, PARTNERSHIPS LOSS (\$ _____) PROFIT \$ _____ (Attach Schedule E)
	C. NET TAXABLE INCOME (Add Lines A,B) NOT LESS THAN ZERO (3C) \$ _____
4. NON TAXABLE INCOME (attach explanation and federal form 2106 with Schedule A) (4) \$ _____	
5. TAXABLE INCOME (Line 1 Plus Line 2 Plus Line 3C as adjusted by Line 4) (5) \$ _____	
6. CITY TAX DUE 2% Of Line 5 (6) \$ _____	

CREDITS	7. CREDITS	
	A. STRUTHERS INCOME TAX WITHHELD (7A) \$ _____	
	B. CREDIT FOR TAX PAID TO OTHER CITIES (Not to Exceed 2% per W-2 per city) (7B) \$ _____	
	C. OVERPAYMENT FROM PRIOR YEAR (7C) \$ _____	
	D. ESTIMATED TAX PAYMENTS (7D) \$ _____	
	E. TOTAL CREDITS (Add Lines A, B, C, D) (7E) \$ _____	
	8. BALANCE TAX DUE IF LINE 6 IS GREATER THAN LINE 7E (Payment in Full Must Accompany Return) <small>A. Tax due under \$2.00 not required B. Tax overpaid under \$2.00 not returned</small> (8) \$ _____	
	9. PENALTY (9) \$ _____	
	10. TOTAL AMOUNT DUE PAYABLE TO CITY OF STRUTHERS (LINE 8 PLUS LINE 9) (10) TOTAL DUE \$ _____	
	11. OVER PAYMENT CLAIMED (If Line 7E Exceeds Line 6 Enter Difference Here) (11) \$ _____	
	AMOUNT TO BE CREDITED TO NEXT YEAR ESTIMATE \$ _____ OR REFUNDED \$ _____	

DECLARATION OF ESTIMATED TAX FOR YEAR _____	
1. ESTIMATED TOTAL TAXABLE INCOME FOR YEAR (Gross Income) (1) \$ _____	
2. ESTIMATED TAX DUE 2% (2) \$ _____	
3. LESS CREDIT FOR TAX PAID TO ANOTHER CITY (2% Of Wage On Which Other City Tax is Paid) _____ (NAME OF CITY) (3) \$ _____	
4. LESS STRUTHERS CITY TAX TO BE WITHHELD (4) \$ _____	
5. BALANCE OF ESTIMATED STRUTHERS CITY TAX DECLARED (5) \$ _____	
6. LESS CREDITS (A) OVERPAYMENT ON PREVIOUS YEAR'S RETURN (6A) \$ _____	
(B) PREVIOUS PAYMENT IF THIS IS AN AMENDED DECLARATION (6B) \$ _____	
(C) OTHER (Specify) (6c) \$ _____	
(D) TOTAL CREDITS (6D) \$ _____	
7. NET TAX DUE (Line 5 Less Line 6D) (7) \$ _____	
8. AMOUNT PAID WITH THIS ESTIMATE (Not Less Than 1/4 Of Line 7) (8) \$ _____	
9. BALANCE OF ESTIMATED TAX DUE (Line 7 Less Line 8) (9) \$ _____	
BALANCE PAYABLE IN EQUAL INSTALLMENTS FOR EACH CALENDAR QUARTER	

I CERTIFY THAT I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES, FORMS AND STATEMENTS) AND BELIEVE IT IS TRUE, CORRECT AND COMPLETE.

X SIGNATURE OF PERSON PREPARING, IF OTHER THAN TAXPAYER	DATE	X SIGNATURE OF TAXPAYER OR AGENT	
NAME OF FIRM OR EMPLOYER		TITLE	DATE
ADDRESS	PHONE	X SPOUSE SIGNATURE IF JOINT RETURN	DATE

IF YOU MOVED DURING THIS CALENDAR YEAR, PLEASE ANSWER

MOVED INTO STRUTHERS, OHIO ON FROM

MOVED FROM STRUTHERS, OHIO ON TO

(ATTACH FEDERAL FORMS AND SCHEDULES)

SCHEDULE A - PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION - SOLE PROPRIETORSHIP - PARTNERSHIP - OR CORPORATION

- 1. NET PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION (ATTACH FEDERAL FORMS AND SCHEDULES)
2. A. ITEMS NOT DEDUCTIBLE (Schedule X, Line M) Add \$
B. ITEMS NOT TAXABLE (Schedule X, Line Z) Deduct \$
C. ENTER EXCESS LINE 2A OR 2B
3. A. ADJUSTED NET INCOME (Line 1 Plus / Minus Line 2C) IF SCHEDULE X IS USED
B. AMOUNT ALLOCABLE TO STRUTHERS IF SCHEDULE Y STEP 5 IS USED % OF LINE 3A
4. TAXABLE BUSINESS INCOME: LINE 3A OR LINE 3B (Enter On Page 1 Line 4A)

SCHEDULE X - RECONCILIATION WITH FEDERAL INCOME TAX RETURN

Table with 4 columns: ITEMS NOT DEDUCTIBLE, ADD, ITEMS NOT TAXABLE, ADD. Rows include CAPITAL LOSSES, EXPENSES APPLICABLE TO NON-TAXABLE INCOME, INCOME TAXES, PAYMENTS TO PARTNERS OR COMPENSATION OF OFFICERS, SICK PAY EXCLUSIONS OMITTED IN LINE 1 ABOVE, CONTRIBUTIONS in excess of 5% of Net Profits, LOSS CARRY FORWARD, OTHER (EXPLAIN), TOTAL ADDITIONS (ENTER ON LINE 2A ABOVE), CAPITAL GAINS, INTEREST EARNED OR ACCRUED, DIVIDENDS, INCOME FROM PATENTS AND COPYRIGHTS, OTHER (Explain), TOTAL DEDUCTIONS (ENTER ON LINE 2B ABOVE).

SCHEDULE Y - BUSINESS ALLOCATION FORMULA

Table with 3 columns: A. Located Everywhere, B. Located in STRUTHERS, C. Percentage (B - A). Rows include Step 1. Average value of real and tangible personal property, Gross annual rentals multiplied by 8, Total step 1, Step 2. Total wages, salaries, commissions and other compensation of all employees, Step 3. Gross receipts from sales and work or services performed, Step 4. Total percentages, Step 5. Average percentage (divide total percentages by number of percentages used enter Schedule A, Line 3B.)