

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 _____
 to _____

| 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 OR THE IRS DUE DATE

TAX RETURNS NOT FILED BY THE DUE DATE WILL BE ASSESSED A LATE FILE PENALTY OF \$25 PER MONTH (MAXIMUM \$150), LATE PAYMENT/ESTIMATE PENALTY OF 15% OF THE UNPAID TAX BALANCE AND INTEREST OF .42% PER MONTH (5% PER ANNUM).

ATTACH: ALL W-2 FORMS, 1099M FORMS, SUBSTANTIATING FEDERAL SCHEDULES (I.E. A,C,E,F), FORM 2106 AND FEDERAL 1040, 1040A, 1040EZ, 1120 OR 1120A, 1120S.

DATE OF BIRTH _____
 RETIRED UNEMPLOYED UNDER 18
 TAXPAYER: ____/____/____
 SPOUSE: ____/____/____
 PLEASE MAKE ANY NAME OR ADDRESS CHANGES BELOW.

EXTENSIONS: EXTENSION REQUESTS MUST BE FILED BY THE DUE DATE. FEDERAL EXTENSIONS WILL BE HONORED IF ATTACHED TO THE RETURN AND POSTMARKED BY THE EXTENDED IRS DUE DATE.

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 \$10.00 not required B. Tax overpaid under \$10.00 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 | DATE |
| NAME OF FIRM OR EMPLOYER | ADDRESS | 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

| ITEMS NOT DEDUCTIBLE | ADD | ITEMS NOT TAXABLE | ADD |
|--------------------------------------------------------------------------------------------|-----|----------------------------------------------------------------------------------------------------------------------------------------------|-----|
| a. CAPITAL LOSSES (From Federal Schedule D) \$ _____ | | n. CAPITAL GAINS (Exclusive of Gains treated as Ordinary income for Federal Income Tax purposes Attach Federal Schedule D) \$ _____ | |
| b. EXPENSES APPLICABLE TO NON-TAXABLE INCOME (Not less than 5% of line Z) _____ | | o. INTEREST EARNED OR ACCRUED (Subject to Ohio intangible Personal Property Tax and Obligations of the United States Government) _____ | |
| c. INCOME TAXES (Federal-State-Municipalities) _____ | | p. DIVIDENDS _____ | |
| d. PAYMENTS TO PARTNERS OR COMPENSATION OF OFFICERS, SUB CHAPTER S CORPORATION _____ | | q. INCOME FROM PATENTS AND COPYRIGHTS _____ | |
| e. SICK PAY EXCLUSIONS OMITTED IN LINE 1 ABOVE _____ | | r. OTHER (Explain) _____ | |
| f. CONTRIBUTIONS in excess of 5% of Net Profits) _____ | | | |
| g. LOSS CARRY FORWARD _____ | | | |
| h. OTHER (EXPLAIN) _____ | | | |
| m. TOTAL ADDITIONS (ENTER ON LINE 2A ABOVE) \$ _____ | | z. TOTAL DEDUCTIONS (ENTER ON LINE 2B ABOVE) \$ _____ | |

SCHEDULE Y - BUSINESS ALLOCATION FORMULA

| | A. Located Everywhere | B. Located in STRUTHERS | C. Percentage (B - A) |
|------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------|-----------------------|
| 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.) _____ % | | | |