

VILLAGE OF CROOKSVILLE
INCOME TAX RETURN
FOR THE CALENDAR YEAR 2016

MAKE CHECK OR MONEY ORDER
PAYABLE TO:
CROOKSVILLE INCOME TAX
98 SOUTH BUCKEYE STREET
CROOKSVILLE, OHIO 43731
740-982-6973 EXT 109

RETURN MUST BE FILED ON OR BEFORE APRIL
18, 2017, OR WITHIN 4 MONTHS OF END OF
TAX PERIOD.

OR OTHER TAXABLE PERIOD BEGINNING AND ENDING

- 1. THIS RETURN MUST BE SUBMITTED BY EVERYONE WHO HAS INCOME SUBJECT TO CROOKSVILLE INCOME TAX. REGARDLESS OF WHETHER OR NOT TAX HAS BEEN WITHHELD. A DECLARATION HAS BEEN FILED OR WHETHER OR NOT ANY TAX IS DUE.
2. ANY TAXPAYER ATTACHING A COPY OF HIS/HER FEDERAL RETURN OR SCHEDULES, WHERE APPLICABLE, NEED NOT COMPLETE PAGE 2 (EXCEPT SCHEDULE Y WHEN LINE 5B IS USED)
3. RETURNS WILL NOT BE CONSIDERED COMPLETE WITHOUT PAYMENT, PROPER DOCUMENTATION AND/OR SIGNATURE(S). INCOMPLETE RETURNS WILL NOT BE PROCESSED AND SAME WILL BE RETURNED TO YOU FOR COMPLETION.

1. TAXPAYER'S NAME AND ADDRESS
NAME
SPOUSE NAME
ADDRESS
CITY ST ZIP
2. WHERE APPLICABLE, FOLLOWING QUESTIONS MUST BE ANSWERED
If Moved During Year of this Return Give Date of Move
Into Crooksville Out of Crooksville
If Began or Terminated a Business During Year of this Return Give Date
Business Opened Business Closed
Has your federal tax liability for any prior year been changed in this year?
Yes No Year(s)
Check your status as a taxpayer: Resident: Full Yr Part Yr Non-resident
Employee Proprietor Partner Partnership Rental Corporation
Business give Federal I.D. Number:

AMCUMS

Enter TOTAL Gross Wages, Salaries, Bonuses, Commissions, and Other Compensation received BEFORE ANY PAYROLL DEDUCTIONS.
ATTACH COPIES OF W-2 FORMS.

Table with 3 columns: Description, CROOKSVILLE TAX WITHHELD, WAGES, ETC.
Rows include: PRINT NAME AND ADDRESS OF EMPLOYER(S), 1. TOTAL, 2. OTHER INCOME, 3. TOTAL INCOME, 4. A. Items not deductible, B. Items not taxable, C. DIFFERENCE BETWEEN LINES 4A AND 4B, 5. A. ADJUSTED NET INCOME, B. AMOUNT ALLOCABLE TO CROOKSVILLE IF SCHEDULE Y, PAGE 2 IS USED, 6. AMOUNT SUBJECT TO CROOKSVILLE INCOME TAX, 7. CROOKSVILLE INCOME TAX LIABILITY, 1.5% OF LINE 6, 8. CREDITS, 9. BALANCE OF TAX DUE, 10. *PENALTY (15% OF TOTAL TAX DUE) PLUS *INTEREST (0.417% PER MONTH), *These Charges are based on the amount of Line 9 & must be added if return is not filed or if full payment is not remitted by date due, 11. LATE FILING FEE: ADD \$25.00 per month IF FILING AFTER DATE DUE, WHETHER OR NOT ANY TAX IS DUE, Not to exceed \$150.00, 12. TOTAL DUE TO CROOKSVILLE INCOME TAX (LINE 9 PLUS LINE 10 AND/OR LINE 11)

Please complete return with blue or black ink. Submit original only, no copies. Receipts will be sent to those filing by mail only if a self-addressed stamped envelope is included with return. Amounts of less than one dollar (\$10.00) will not be refunded or collected. If you have any questions, please refer to the instruction sheet or call the Crooksville Income Tax Office.

RETURN MUST BE SIGNED
THE UNDERSIGNED DECLARES THAT THIS RETURN, INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS, IS A TRUE, CORRECT AND COMPLETE RETURN FOR THE TAXABLE PERIOD STATED AND THAT SCHEDULES AND STATEMENTS USED HEREIN ARE THE SAME AS USED FOR FEDERAL INCOME TAX PURPOSES.

TAXPAYER SIGNATURE Social Security Number Date
TAXPAYER SIGNATURE Social Security Number Date

SCHEDULE C

PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION

- 1. TOTAL RECEIPTS, LESS ALLOWANCES, REBATES AND RETURNS..... \$ _____
- 2. LESS, (a) Cost of goods, or (b) Cost of Operations, whichever is applicable.....(Indicate labor charges included \$ _____).....
- 3. GROSS PROFIT FROM SALES, ETC. (Line 1 less Line 2).....
- 4. DIVIDENDS \$ _____, INTEREST \$ _____ ROYALTIES \$ _____
- 5. RENTS RECEIVED, IF CONNECTED WITH TRADE OR BUSINESS.....
- 6. OTHER BUSINESS INCOME (Specify).....
- 7. TOTAL BUSINESS INCOME BEFORE DEDUCTIONS..... \$ _____

- | | <u>BUSINESS</u> | <u>DEDUCTIONS</u> | |
|---|-----------------|---|----------|
| 8. COMPENSATION OF OFFICERS | \$ _____ | 14. UTILITIES | \$ _____ |
| 9. SALARIES and WAGES not deducted elsewhere | _____ | 15. INSURANCE | _____ |
| 10. PAYMENTS TO PARTNERS | _____ | 16. DEPRECIATION, Amortization, Depletion | _____ |
| 11. RENTS (PAID TO _____) | _____ | 17. REPAIRS | _____ |
| 12. INTEREST ON BUSINESS INDEBTEDNESS | _____ | 18. ADVERTISING AND PROMOTION | _____ |
| 13. BUSINESS TAXES (INCOME) | _____ | 19. AUTO, TRUCK AND TRAVEL | _____ |
| OTHER BUSINESS TAXES | _____ | 20. OTHER (Attach Statement) | _____ |
| 21. TOTAL BUSINESS DEDUCTIONS (Total of lines 8 through 20)..... | | | \$ _____ |
| 22. NET PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION (Line 7 less Line 21)..... | | | \$ _____ |

SCHEDULE E

INCOME FROM RENTS (Attach Statement Explaining Columns 3, 4 and 5)

1. KIND AND ADDRESS OF PROPERTY	2. RENT AMOUNT	3. DEPRECIATION	4. REPAIRS	5. OTHER EXPENSES	6. NET INCOME (LOSS)
TOTAL INCOME (LOSS) SCHEDULE E.....					\$ _____

LIST ADDITIONAL PROPERTIES ON SEPARATE SHEET, IF NEEDED

SCHEDULE H:

OTHER INCOME NOT INCLUDED IN SCHEDULE E FROM PARTNERSHIPS, S CORPORATION, ESTATES, TRUSTS, FEES, ETC.

RECEIVED FROM	FOR (DESCRIBE)	AMOUNT
TOTAL INCOME SCHEDULE H.....		\$ _____

ADD TOTALS OF SCHEDULES C, E AND H. ENTER TOTAL HERE AND ON LINE 2, PAGE 1....\$ _____

When using Schedule X, copy of Federal Income Tax Return must be attached.

SCHEDULE X

RECONCILIATION WITH FEDERAL INCOME TAX RETURN

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
A. NET LOSS FROM SALE, EXCHANGE OR OTHER DEPOSITION OF CAPITAL OR OTHER ASSETS.....	\$ _____	N. NET GAIN FROM SALE, EXCHANGE OR OTHER DISPOSITION OF CAPITAL OR OTHER ASSETS.....	\$ _____
B. EXPENSES INCURRED IN THE PRODUCTION OF NON-TAXABLE INCOME.....	\$ _____	O. INTEREST EARNED OR ACCRUED.....	\$ _____
C. CITY OR STATE INCOME TAX.....	\$ _____	P. DIVIDEND (LESS FEDERAL EXCLUSION).....	\$ _____
D. NET OPERATING LOSS DEDUCTION PER FEDERAL RETURN.....	\$ _____	Q. INCOME FROM PATENTS AND COPYRIGHTS.....	\$ _____
E. PAYMENTS TO PARTNERS.....	\$ _____	R. OTHER INCOME EXEMPT FROM CROOKSVILLE TAX (EXPLAIN).....	\$ _____
F. SICK PAY NOT INCLUDED ON PAGE 1.....	\$ _____		\$ _____
G. CONTRIBUTIONS (NOT BUSINESS EXPENSES).....	\$ _____		\$ _____
H. OTHER EXPENSES NOT DEDUCTIBLE (EXPLAIN).....	\$ _____		\$ _____
I. KEOGH, IRA, AND OTHER DEFERRED COMPENSATION.....	\$ _____		\$ _____
J. TOTAL ADDITION (ENTER ON LINE 4A, PAGE 1).....	\$ _____	Z. TOTAL DEDUCTIONS (ENTER ON LINE 4B, PAGE 1)....	\$ _____

SCHEDULE Y

BUSINESS ALLOCATION FORMULA

	A. LOCATED EVERYWHERE	B. LOCATED IN CROOKSVILLE	C. PERCENTAGE (B DIVIDED BY A)
STEP 1. AVERAGE VALUE REAL & TANGIBLE PERSONAL PROPERTY GROSS ANNUAL RENTALS MULTIPLIED BY 8	\$ _____	\$ _____	XXXXXXXXXXXXXXXX
TOTAL OF STEP 1.	\$ _____	\$ _____	XXXXXXXXXXXXXXXX
STEP 2. TOTAL WAGES, SALARIES, COMMISSIONS AND OTHER COMPENSATION PAID TO ALL EMPLOYEES	\$ _____	\$ _____	_____ %
STEP 3. GROSS RECEIPTS FROM SALES AND WORK/SERVICES PERFORMED	\$ _____	\$ _____	_____ %
STEP 4. TOTAL OF PERCENTAGES			_____ %
STEP 5. AVERAGE PERCENTAGES (DIVIDE TOTAL PERCENTAGES BY NUMBER OF PERCENTAGES USED) ENTER HERE AND ON LINE 5B, PAGE 1			_____ %

VILLAGE OF CROOKSVILLE, OHIO
DECLARATION OF ESTIMATED INCOME TAX

FILE AND MAKE REMITTANCE TO:
CROOKSVILLE INCOME TAX
98 SOUTH BUCKEYE STREET
CROOKSVILLE, OHIO 43731

FOR CALENDAR YEAR 2017
Or Fiscal Year Beginning and Ending

1. Total Estimated Income subject to Crooksville Income Tax \$
2. Estimated Tax 1 1/2% (1.5%) of line 1. \$
3. Estimated Crooksville Tax to be Withheld by Employer \$
4. Estimated Crooksville Tax Per This Declaration (Line 2 Minus Line 3) \$
5. Credits: A. Credit for Overpayment of Previous Return \$
B. If Amended D-1, Payments on Previous D-1 \$
C. Other (specify) \$
D. Total Credits \$
6. Net Estimated Tax Due (Line 4 minus Line 5D) \$
7. Amount Paid With This Declaration (No Less than 22.5% of Line 6) \$
8. Balance of Estimated Tax Due (Line 6 Minus Line 7) \$

Name:
Name:
Address:
City: ST: Zip:

THE UNDERSIGNED DECLARES THIS TO BE A TRUE, CORRECT AND COMPLETE DECLARATION OF ESTIMATED INCOME TAX FOR PERIOD STATED.

TAXPAYER SIGNATURE SSN DATE TITLE
TAXPAYER SIGNATURE SSN DATE

INSTRUCTIONS
2017 DECLARATION OF ESTIMATED INCOME TAX

WHO MUST FILE A DECLARATION OF ESTIMATED INCOME TAX:

Every taxpayer shall make a declaration of estimated taxes for the current taxable year if the amount payable as estimated taxes is at least two hundred dollars (\$200.00).

DEADLINE FOR FILING AND PAYMENT. PLEASE NOTE CHANGES IN STATE LAW HAS CHANGED THE DATES THE QUARTERLY ESTIMATED PAYMENTS ARE DUE. THE NEW DUE DATE IS 45 DAYS EARLIER THAN PREVIOUS YEARS.

The Declaration is due on or before April 18, 2017 or on or before the 15th of the fourth month after your tax period ends. 22.5% of the Net Total Tax Due (Line 6)* is due at the time of filing with a similar payment due June 15, September 15, and December 15 or on the 15th of the 6th, 9th and 12th month after the beginning of the taxable year.

PREPARATION OF FORM D-1:

- 1. Enter the amount of taxable income you expect to earn from all sources in 2016.
2. Multiply line 1 by .015 to calculate the amount of estimated income tax you will owe Crooksville.
3. Enter the amount of income tax you expect your employer(s) to withhold from your wages.
4. Subtract Line 3 from Line 2. The answer will be your Estimated Crooksville Income Tax for 2016.
5. Enter any amount of Credit you believe shall be applied to your account.
6. Subtract Line 5D from Line 4. The answer will be your Net Estimated Tax Due.
7. Enter the amount of Line 6 you are remitting with this Declaration. This amount must not be less than 22.5% of line 6.
8. Subtract Line 7 from Line 6. The answer is the Balance of Estimated Tax Due.

Signature Box: Sign your name, enter your social security number, and date. If filing jointly, your spouse must also sign the declaration. If filing as a business, you must enter your title and your company's FIN.

DECLARATION AND REMITTANCE SHALL BE MAILED OR DELIVERED IN PERSON TO:

CROOKSVILLE INCOME TAX
98 SOUTH BUCKEYE STREET
CROOKSVILLE, OHIO 43731
PHONE: 740-982-6973 Ext. 109