

# 2017 BUSINESS OR INDIVIDUAL INCOME TAX RETURN

## CITY OF GALLIPOLIS INCOME TAX DEPARTMENT

MAIL TO: PO BOX 339, GALLIPOLIS, OH 45631  
TELEPHONE: 740-441-6009 FAX: 740-441-2062

### TAX OFFICE USE ONLY

TOTAL PAID \$ \_\_\_\_\_

CASH  CHECK \_\_\_\_\_

DATE BILLED \_\_\_\_\_

LATE FEE \_\_\_\_\_ TOTAL \_\_\_\_\_

PENALTY \_\_\_\_\_ MONTHS LATE \_\_\_\_\_

INTEREST \_\_\_\_\_ INS DEC \_\_\_\_\_

PROC. BY \_\_\_\_\_ AUDIT BY \_\_\_\_\_

TAXABLE PERIOD BEGINNING \_\_\_\_\_ 2017 AND ENDING \_\_\_\_\_  
CALENDAR YEAR TAXPAYERS FILE AND PAY ON OR BEFORE APRIL 17, 2018

### FILING IS REQUIRED EVEN IF NO TAX IS DUE

Single  Married – Joint  Married – Separate

2017 Residency Status (Please check one)  Check here if this is your initial return

Resident  Non-resident  Partial year

Partial year list dates from \_\_\_\_\_ to \_\_\_\_\_  Check here if this is your final return

Account # \_\_\_\_\_ FED ID# \_\_\_\_\_

Name \_\_\_\_\_

SS# \_\_\_\_\_ SS# \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Landlord's Name and Address \_\_\_\_\_

### ATTACH COPIES OF ALL W-2s, Federal Schedules AND 1040's, 1065's, 1120's, etc...

1. **INDIVIDUALS ONLY**) Enter gross wages, salaries, bonuses, tips, commissions and other compensation \$ \_\_\_\_\_

**PROCEED TO LINE 5 IF LINE 1 IS YOUR TOTAL INCOME.**

2a. Rental income from page 2 ..... (Attach schedule E) \$ \_\_\_\_\_

2b. Other income from page 2 ..... (Attach schedule C, 1099's, etc.) \$ \_\_\_\_\_

3a. If schedule X, page 2, add item (h) \$ \_\_\_\_\_ deduct item (0) \$ \_\_\_\_\_ Net + (-) ..... \$ \_\_\_\_\_

3b. Total lines 2b and 3a ..... \$ \_\_\_\_\_

3c. If schedule Y, page 2 is completed, % allocable to Gallipolis ..... \$ \_\_\_\_\_

4. Adjusted other income-line 2a plus 3c ..... \$ \_\_\_\_\_

5. Total income subject to tax (line 1 and line 4)-**Losses from line 4 are not ded from line 1 income.** \$ \_\_\_\_\_

6. Gallipolis income tax – 1% of line 5 amount ..... \$ \_\_\_\_\_

7. Less: Gallipolis tax withheld by employers ..... \$ ( \_\_\_\_\_ )

8. Less: Payments and credits of estimated tax ..... \$ ( \_\_\_\_\_ )

9. Less: Income taxes paid to City of \_\_\_\_\_ **Not to exceed 1% of that city's income** .... \$ ( \_\_\_\_\_ )

10. TOTAL TAX DUE (lines 6 less lines 7, 8 and 9)..... \$ \_\_\_\_\_

**Note: No Payment is due if amount is \$10.00 or less.**

11. Overpayment claimed:  Refund (must be greater than \$10.00) \$ \_\_\_\_\_ or  Credit next year \$ \_\_\_\_\_

**OFFICE USE ONLY**  
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\$ ( \_\_\_\_\_ )

### RETURNS WILL NOT BE PROCESSED WITHOUT A SIGNATURE.

Do you want the Tax Department to discuss this information with the preparer? Yes \_\_\_\_\_ No \_\_\_\_\_

The undersigned declares that this return is true, correct and complete, and that the figures used herein are the same used for federal tax purposes, under penalty of perjury.

X \_\_\_\_\_  
Signature of Taxpayer

X \_\_\_\_\_  
Signature of Person Preparing, if other than taxpayer

X \_\_\_\_\_  
Phone Number to Contact Date

X \_\_\_\_\_  
Phone Number to Contact Date

**PLEASE RETURN THIS FORM AND MAKE CHECKS PAYABLE TO THE CITY OF GALLIPOLIS INCOME TAX DEPT.**

**PAGE 2**  
**ATTACH COPIES OF W-2'S AND FEDERAL SCHEDULES HERE**

**SECTION A** Attach appropriate federal schedules for income from partnerships, business, estates, trusts, fees and other

For (description)	Federal Form(s) Attached	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>TOTAL BUSINESS INCOME - Total to page 1, line 2b</b>		\$ _____

**SECTION B** Rental Income - Attach copy of Federal Schedules E or 8825

Total to page 1, line 2a \$ \_\_\_\_\_

**SCHEDULE X — RECONCILIATION** For use ONLY if income on Line 2, page 1, is from Federal Tax Return

Items Not Deductible	Items Not Taxable
a. Capital Loss (excluding ordinary losses).....\$ _____	i. Capital Gain (excluding ordinary gains).....\$ _____
b. Expenses applicable to non-taxable income .....\$ _____	j. Interest.....\$ _____
c. All income Taxes paid or accrued .....\$ _____	k. Dividends.....\$ _____
d. Net operating loss deduction per Federal Return.....\$ _____	l. Income from patents and copyrights.....\$ _____
e. Payments to partners (from Federal Form 1065).....\$ _____	m. Other exempt income (explain) _____
f. Contributions .....\$ _____	n. Unreimbursed travel expenses.....\$ _____
g. Other (including dividends).....\$ _____	o. Total Deductions (enter as line 3a, page 1).....\$ _____
h. Total additions (enter as line 3a, page 1).....\$ _____	

**SCHEDULE Y — BUSINESS ALLOCATION FORMULA** FOR BUSINESS USE ONLY

	a. Located Everywhere	b. Located in This Municipality	c. Percentages (b ÷ a)
Step 1: Original cost of Real and Tangible Personal Property	_____	_____	_____
Value of Rented or Leased Property Multiplied by 8	_____	_____	_____
<b>Total Step 1</b>	_____	_____	_____ %
Step 2: Gross Receipts from Sales Made and/or Work or Services Performed	_____	_____	_____ %
Step 3: Wages, Salaries and other Compensation Paid	_____	_____	_____ %
Step 4: Total Percentages	_____	_____	_____ %
Step 5: Average Percentage (Divide Total Percentage by Number of Percentages Used)		Carry to line 3c, page 1	_____ %

## **2017 Gallipolis City Tax Information**

The 2017 Gallipolis City Tax Return is due on **April 17, 2018**. Copies of the tax return can be printed from our website: **[www.cityofgallipolis.com](http://www.cityofgallipolis.com)**.

Copies of the tax return form can also be picked up at the City Tax office, the library and the Gallipolis Post Office.

You are listed as a taxpayer with the City Tax Department and are required to file a City Tax Return.

If you need assistance in preparing your individual city return, please bring in your W-2's and Federal return to our office **BEFORE** March 30, 2018.

**Ronnie Lynch**  
Tax Administrator  
**(740) 441-6009**

**Mail To:**  
City Tax Department  
P.O. Box 339  
Gallipolis, Ohio 45631

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ADDRESS SERVICE REQUESTED