

2018 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

TAXABLE PERIOD BEGINNING _____ 2018 AND ENDING _____

CALENDAR YEAR TAXPAYERS FILE AND PAY ON OR BEFORE APRIL 15, 2019

FILING IS REQUIRED EVEN IF NO TAX IS DUE

Single Married – Joint Married – Separate

2018 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 _____

| TAX OFFICE USE ONLY | |
|-------------------------------|--------------------------------------|
| TOTAL PAID \$ | _____ |
| <input type="checkbox"/> CASH | <input type="checkbox"/> CHECK _____ |
| DATE BILLED | _____ |
| LATE FEE | _____ TOTAL _____ |
| PENALTY | _____ MONTHS LATE _____ |
| INTEREST | _____ INS DEC _____ |
| PROC. BY | _____ AUDIT BY _____ |

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

- INDIVIDUALS ONLY** Enter gross wages, salaries, bonuses, tips, commissions and other compensation \$ _____
PROCEED TO LINE 5 IF LINE 1 IS YOUR TOTAL INCOME.
- Rental income - Complete Section B and attach Schedule E \$ _____
- Other income (Business Income) - Complete Section A and attach Schedule C, 1099s, etc. \$ _____
- Net operations Loss carryforward (NOL) - limited to 50% _____ Equals (=) \$ _____
- If schedule X, page 2, add item (h) \$ _____ deduct item (n) \$ _____ Net + (-) \$ _____
- Total lines 2b, 2c and 3a \$ _____
- If schedule Y, page 2 is completed, % allocable to Gallipolis \$ _____
- Adjusted other income-line 2a plus 3c \$ _____
- Total income subject to tax (line 1 and line 4)-**Losses from line 4 are not ded from line 1 income.** \$ _____
- Gallipolis income tax – 1% of line 5 amount \$ _____
- Less: Gallipolis tax withheld by employers \$ (_____)
- Less: Payments and credits of estimated tax \$ (_____)
- Less: Income taxes paid to City of _____ **Not to exceed 1% of that city's income** \$ (_____)
- TOTAL TAX DUE (lines 6 less lines 7, 8 and 9)..... \$ _____

| OFFICE USE ONLY | |
|-----------------|-------|
| \$ | _____ |
| \$ | _____ |
| & | _____ |
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| \$ | _____ |
| \$ | _____ |
| \$ | _____ |
| \$ | _____ |
| \$ | _____ |
| \$ | _____ |
| \$ | _____ |

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 \$ _____ \$ (_____)

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 |
|--|--------------------------|----------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| TOTAL BUSINESS INCOME - Total to page 1, line 2b | | \$ _____ |

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

- a. Capital Losses \$ _____
- b. Expenses applicable to non-taxable income \$ _____
- c. All taxes based on income \$ _____
- d. 5% of Intangible Income \$ _____
- e. Payments to partners (form Federal Form 1065) \$ _____
- f. Contributions \$ _____
- g. Other items not deductible (Explain) \$ _____
- h. Total additions (enter as line 3a, page 1) \$ _____

Items Not Taxable

- i. Capital Gains \$ _____
- j. Interest \$ _____
- k. Dividends \$ _____
- l. Income from patents and copyrights \$ _____
- m. Other exempt income (explain) _____
- n. Total Deductions (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 | _____ | _____ | _____ |
| Gross annual rentals Multiplied by 8 Total Step 1 | _____ | _____ | _____ % |
| 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 _____ % |