

# 2019 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 \_\_\_\_\_ 2019 AND ENDING \_\_\_\_\_  
CALENDAR YEAR TAXPAYERS FILE AND PAY ON OR BEFORE APRIL 15, 2020

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

Single                       Married – Joint                       Married – Separate

2019 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 \$ \_\_\_\_\_

CASH     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...**

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 - Complete Section B and attach Schedule E ..... \$ \_\_\_\_\_
- 2b. Other income (Business Income) - Complete Section A and attach Schedule C, 1099s, etc. .... \$ \_\_\_\_\_
- 2c. Net operations Loss carryforward (NOL) - limited to 50% \_\_\_\_\_ Equals (=) .....
- 3a. If schedule X, page 2, add item (h) \$ \_\_\_\_\_ deduct item (n) \$ \_\_\_\_\_ Net + (-) .....
- 3b. Total lines 2b, 2c 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 (individuals only) .....
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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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	Items Not Taxable
a. Capital Losses ..... \$ _____	i. Capital Gains ..... \$ _____
b. Expenses applicable to non-taxable income ..... \$ _____	j. Interest ..... \$ _____
c. All taxes based on income ..... \$ _____	k. Dividends ..... \$ _____
d. 5% of Intangible Income ..... \$ _____	l. Income from patents and copyrights ..... \$ _____
e. Payments to partners (form Federal Form 1065) ..... \$ _____	m. Other exempt income (explain) _____
f. Contributions ..... \$ _____	
g. Other items not deductible (Explain) ..... \$ _____	n. 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	_____	_____	_____
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 _____ %