

2020 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 _____ 2020 AND ENDING _____
 CALENDAR YEAR TAXPAYERS FILE AND PAY ON OR BEFORE APRIL 15, 2021

FILING IS REQUIRED EVEN IF NO TAX IS DUE

Single Married - Joint Married - Separate

2020 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 1040s, 1065s, 1120s, 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 3 c. \$ _____

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 (individual 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

\$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____

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	_____ %