

2015 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 _____ 2015 AND ENDING _____

CALENDAR YEAR TAXPAYERS FILE AND PAY ON OR BEFORE APRIL 18, 2016

FILING IS REQUIRED EVEN IF NO TAX IS DUE

Single Married – Joint Married – Separate

2015 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 _____

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 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)..... \$ _____

OFFICE USE ONLY

\$ _____
 \$ _____
 & _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ (_____)
 \$ (_____)
 \$ (_____)
 \$ (_____)
 \$ (_____)
 \$ (_____)

(Remittance must accompany this return, payable to City of Gallipolis)

Note: Total amount of less than one dollar (\$1.00) shall not be collected or refunded.

11. Overpayment claimed: Refund \$ _____ or Credit next year's estimated tax \$ _____

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 Loss (excluding ordinary losses)\$ _____
- b. Expenses applicable to non-taxable income\$ _____
- c. All income Taxes paid or accrued\$ _____
- d. Net operating loss deduction per Federal Return.....\$ _____
- e. Payments to partners (from Federal Form 1065)\$ _____
- f. Contributions\$ _____
- g. Other (including dividends).....\$ _____
- h. Total additions (enter as line 3a, page 1).....\$ _____

Items Not Taxable

- i. Capital Gain (excluding ordinary gains).....\$ _____
- j. Interest.....\$ _____
- k. Dividends\$ _____
- l. Income from patents and copyrights.....\$ _____
- m. Other exempt income (explain) _____
- n. Unreimbursed travel expenses.....\$ _____
- o. 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	_____	_____	_____
Value of Rented or Leased Property 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	_____ %