

**MAIL TO: VILLAGE OF HARTVILLE MANDATORY FILING**  
**P.O. BOX 760 ON OR BEFORE APRIL 15, 2021**  
**HARTVILLE, OHIO 44632-0760**

**IF YOU MOVED DURING THE YEAR, COMPLETE THIS BLOCK**

DATE MOVED INTO HARTVILLE \_\_\_\_\_  
 DATE MOVED OUT OF HARTVILLE \_\_\_\_\_  
 PRESENT ADDRESS \_\_\_\_\_  
 CITY, STATE, ZIP \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_  
 FEDERAL ID NUMBER \_\_\_\_\_  
 YOUR SS# \_\_\_\_\_  
 SPOUSE SS# \_\_\_\_\_  
 PHONE \_\_\_\_\_

TAX YEAR 2020 DUE DATE APRIL 15, 2021  
 FISCAL PERIOD FROM \_\_\_\_\_ THROUGH \_\_\_\_\_  
 NAME AND ADDRESS \_\_\_\_\_

INDICATE HERE IF YOU ARE:

- UNDER 18—LIST DATE OF BIRTH \_\_\_\_\_  
 RETIRED PRIOR TO 1/1/2020 \_\_\_\_\_  
 UNEMPLOYED FOR THE ENTIRE YEAR \_\_\_\_\_  TOTAL/PERMANENT DISABILITY \_\_\_\_\_  DECEASED—LIST DATE OF DEATH \_\_\_\_\_  
 FINAL RETURN  OTHER (EXPLAIN) \_\_\_\_\_

1 WAGES, SALARIES, TIPS & OTHER COMPENSATION (ATTACH W-2 FORMS) ..... \$ \_\_\_\_\_  
 2 OTHER TAXABLE INCOME:  
 A. BUSINESS PROFIT/LOSS (ATTACH FEDERAL FORMS) PAGE 2 SECTION A OR SCHEDULE Z ..... \$ \_\_\_\_\_  
 B. RENTAL INCOME/LOSS (ATTACH FEDERAL FORMS) PAGE 2 SECTION B ..... \$ \_\_\_\_\_  
 C. TOTAL OTHER TAXABLE INCOME (LINE A PLUS LINE B) NOT LESS THAN ZERO ..... \$ \_\_\_\_\_  
**NOTE: BUSINESS OR RENTAL LOSSES MAY NOT BE USED TO OFFSET WAGES**  
 3 TAXABLE INCOME (LINE 1 PLUS LINE 2C) ..... \$ \_\_\_\_\_  
 4 VILLAGE TAX DUE 1.0% OF LINE 3 ..... \$ \_\_\_\_\_

5 CREDITS:  
 A. HARTVILLE INCOME TAX WITHHELD (ATTACH W-2s) ..... \$ \_\_\_\_\_  
 B. INCOME TAX PAID OTHER MUNICIPALITIES FROM NOVEMBER 24, 2020-DECEMBER 31, 2020  
 (USE WORKSHEET A OR B, PAGE 3) ..... \$ \_\_\_\_\_  
 C. OVERPAYMENT FROM PRIOR YEAR ..... \$ \_\_\_\_\_  
 D. ESTIMATED TAX PAYMENTS ..... \$ \_\_\_\_\_  
 E. TOTAL CREDITS (ADD LINES A,B,C,D) ..... \$ \_\_\_\_\_

6 BALANCE TAX DUE, IF LINE 4 IS GREATER THAN LINE 5E. (PAYMENT IN FULL MUST ACCOMPANY RETURN) ..... \$ \_\_\_\_\_  
 7 A. PENALTY \$ \_\_\_\_\_ B. INTEREST \$ \_\_\_\_\_ C. LATE FILING PENALTY \_\_\_\_\_ (SEE INSTRUCTIONS) ... \$ \_\_\_\_\_  
 8 TOTAL AMOUNT DUE PAYABLE TO VILLAGE OF HARTVILLE (LINE 6 PLUS TOTAL OF LINE 7) ..... \$ \_\_\_\_\_  
 9 OVERPAYMENT TO BE REFUNDED \$ \_\_\_\_\_ OR CREDITED \$ \_\_\_\_\_ TO NEXT YEAR ESTIMATE

**NOTE: NO REFUND WILL BE MADE UNLESS DECLARATION IS FILED.**  
**NO TAXES OR REFUNDS OF \$10.00 OR LESS SHALL BE COLLECTED OR REFUNDED.**

**DECLARATION OF ESTIMATED TAX FOR YEAR 2021**

1 TOTAL ESTIMATE INCOME SUBJECT TO HARTVILLE TAX \$ \_\_\_\_\_ 2. HARTVILLE TAX @ 1.0% ..... \$ \_\_\_\_\_  
 3 LESS TAX TO BE WITHHELD:  
 A. BY A HARTVILLE EMPLOYER ..... \$ \_\_\_\_\_  
 B. BY AN EMPLOYER IN \_\_\_\_\_ (NAME OF CITY) ..... \$ \_\_\_\_\_  
 4 BALANCE OF ESTIMATED HARTVILLE TAX (LINE 2 LESS TOTAL OF LINE 3) ..... \$ \_\_\_\_\_  
 5 LESS CREDITS: A. OVERPAYMENT ON PREVIOUS YEAR'S RETURN ..... \$ \_\_\_\_\_  
 B. PREVIOUS PAYMENTS IF THIS IS AN AMENDED DECLARATION ..... \$ \_\_\_\_\_  
 C. OTHER (SPECIFY) ..... \$ \_\_\_\_\_ TOTAL CREDITS \$ \_\_\_\_\_  
 6 NET TAX DUE (LINE 4 LESS TOTAL OF LINE 5) ..... \$ \_\_\_\_\_  
 7 AMOUNT PAID WITH THIS RETURN (NOT LESS THAN 22.5% OF LINE 6) ..... \$ \_\_\_\_\_

I CERTIFY THAT I HAVE EXAMINED THIS RETURN INCLUDING ACCOMPANYING SCHEDULES, STATEMENTS, AND WORKSHEETS, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE FOR THE TAXABLE PERIOD STATED AND THAT THE FIGURES USED HERIN ARE THE SAME AS USED FOR FEDERAL INCOME TAX PURPOSES. IF PREPARED BY A PERSON OTHER THAN TAXPAYER, THE DECLARATION IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE. CHECK THIS BOX IF WE MAY DISCUSS THIS RETURN WITH YOUR PREPARER

NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF PERSON PREPARING, IF OTHER THAN TAXPAYER \_\_\_\_\_ DATE \_\_\_\_\_

<b>SECTION A</b>	<b>BUSINESS PROFIT - ATTACH APPROPRIATE FEDERAL SCHEDULES FOR INCOME FROM PARTNERSHIPS, BUSINESS, ESTATE, TRUSTS, FEES AND OTHER</b>		
RECEIVED FROM	FOR (DESCRIBE)	FEDERAL FORM(S) ATTACHED	AMOUNT
TOTAL BUSINESS INCOME (IF SCHEDULE X, Y, OR Z IS NOT APPLICABLE--TO PAGE 1, LINE 2A) ENTER SCHEDULE Z LINE 1			\$

<b>SECTION B</b>	<b>RENTAL INCOME FROM FEDERAL SCHEDULE E</b>
1 RENTAL INCOME FROM FEDERAL SCHEDULE E	\$
2 NET LOSS CARRY FORWARD (CANNOT BE MORE THAN LINE 1) WORKSHEET MUST BE ATTACHED	\$
3 TAXABLE RENTAL INCOME/(LOSS) (ENTER ON PAGE 1 LINE 2B)	\$
ATTACH COPY OF FEDERAL SCHEDULES.	

SCHEDULE X. RECONCILIATION WITH FEDERAL INCOME TAX RETURN			
ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
A. CAPITAL LOSSES (EXCLUDING ORDINARY LOSSES)	\$	N. CAPITAL GAINS (EXCLUDING ORDINARY GAINS)	\$
B. FIVE PERCENT OF INTANGIBLE INCOME REPORTED IN O, EXCEPT THAT FROM IRC 1221 DISPOSITION	\$	O. FEDERALLY REPORTED INTANGIBLE INCOME SUCH AS INTEREST, DIVIDENDS, PATENTS, & COPYRIGHT INCOME	\$
C. TAXES PAID TO STATE AND LOCAL MUNICIPALITIES	\$	P. OTHER (EXPLAIN)	\$
D. LOSS INCURRED BY A PASS-THROUGH ENTITY OWNED DIRECTLY OR INDIRECTLY AND INCLUDED IN TAXPAYER'S FEDERAL TAXABLE INCOME	\$	Q. ANY INCOME DERIVED FROM A TRANSFER AGREEMENT OR FROM THE ENTERPRISE TRANSFERRED NET PROFIT OF A PASS-THROUGH ENTITY OWNED DIRECTLY OR INDIRECTLY AND INCLUDED IN TAXPAYER'S TAXABLE INCOME	\$
E. PAYMENTS TO PARTNERS	\$	R. COMBINE LINES N-Q (ENTER SCHEDULE Z LINE 2B, IF APPLICABLE)	\$
F. FEDERALLY DEDUCTED DIVIDENDS, DISTRIBUTIONS, OR AMOUNTS SET ASIDE FOR CREDIT TO, OR DISTRIBUTED TO REIT OR RIC INVESTORS	\$		
G. SICK PAY NOT INCLUDED IN LINE 1 ABOVE	\$		
H. GUARANTEED PAYMENTS OR ACCRUALS TO A PARTNER, FORMER PARTNER OR MEMBERS	\$		
I. FEDERALLY DEDUCTED AMOUNTS PAID OR ACCRUED TO OR FOR QUALIFIED SELF-EMPLOYED RETIREMENT PLANS, HEALTH INSURANCE PLANS, AND LIFE INSURANCE PLANS FOR OWNERS OR FORMER OWNERS OF NON-C CORPORATE ENTITIES	\$		
J. OTHER EXPENSES NOT DEDUCTIBLE (EXPLAIN)	\$		
K. COMBINE LINES A-J (ENTER SCHEDULE Z LINE 2A, IF APPLICABLE)	\$		

<b>SCHEDULE Y</b>	<b>BUSINESS ALLOCATION FORMULA--USE ONLY IF NET PROFIT FROM HARTVILLE BRANCH IS NOT AVAILABLE</b>		
	A. LOCATED EVERYWHERE	B. LOCATED IN HARTVILLE	C. PERCENTAGE (B/A)
STEP 1 AVG ORIGINAL COST OF REAL & TANG. PERSONAL PROPERTY	_____	_____	
STEP 2 PROPERTY RENTED OR LEASED (ANNUAL RENT MULTIPLIED BY EIGHT)	_____	_____	
STEP 3 GROSS RECEIPTS FROM SALES, RENTALS, AND SERVICES	_____	_____	%
STEP 4 WAGES, SALARIES, AND OTHER COMPENSATION PAID EMPLOYEES	_____	_____	%
STEP 5 TOTAL PERCENTAGES (ADD PERCENTAGES FROM STEPS 1-4)	_____	_____	%
STEP 6 AVERAGE PERCENTAGE (DIVIDE TOTAL PERCENTAGES BY NUMBER OF PERCENTAGES USED)	_____	_____	%
			ENTER SCHEDULE Z LINE 3B _____ %

<b>SCHEDULE Z</b>	<b>CALCULATION OF TAXABLE BUSINESS INCOME</b>
1 BUSINESS INCOME	\$
2 A. ITEMS NOT DEDUCTIBLE (SCHEDULE X, LINE K)	ADD \$
B. ITEMS NOT TAXABLE (SCHEDULE X, LINE R)	DEDUCT \$
C. ENTER EXCESS LINE 2A MINUS 2B (NOT LESS THAN ZERO)	\$
3 A. ADJUSTED NET PROFIT (LINE 1 PLUS/MINUS LINE 2C) IF SCHEDULE X IS USED	\$
B. AMOUNT ALLOCABLE TO HARTVILLE IF SCHEDULE Y STEP 6 IS USED _____ % OF LINE 3A	\$
4 TOTAL BUSINESS INCOME PRIOR TO NET LOSS CARRY FORWARD	\$
5 NET LOSS CARRY FORWARD USED (FROM WORKSHEET A) (CANNOT BE MORE THAN LINE 4)	\$
6 TAXABLE BUSINESS INCOME (LOSS) (ENTER ON PAGE 1 LINE 2A)	\$

**WORKSHEET A-SIMPLIFIED METHOD OF CALCULATION OF INCOME TAX PAID TO OTHER MUNICIPALITIES-USE THIS SCHEDULE TO CALCULATE .0125/12 OF THE ANNUAL PROFIT, INCOME, AND/OR WAGES (PAGE 1 OF THE TAX RETURN):**

STEP 1-Enter only combined total wages, salaries, & other compensation that were taxed in another municipality in Column C. Multiply Column C by .0125/12 or (.1042) and enter in Column (D). Column E- Multiply the amount in Column D by one percent (1%), this is your allowable credit amount for taxes paid to other municipalities.

STEP 2-Enter Business profit Column (A). STEP 3-Enter rental income in Column (A). Add Step 2 & Step 3 Column (A). Enter total in Column (B), but not less than zero. Multiply the amount in Column (B) by .0125/12. and enter in Column (D). Column E- Multiply the amount in Column (D) by 1%, this is your allowable credit amount for taxes paid to other municipalities.

STEP 4-Column (E)-Enter the total of Steps 1-3 Column E. Carry the total to Page 1, Line 5B

WORKSHEET A-SIMPLIFIED METHOD-CALCULATION OF INCOME TAX PAID TO OTHER MUNICIPALITIES					
	(A)	(B)	(C)	(D)	(E)
	NET PROFIT/ DISTRIBUTIONS FROM 1120, K-1, SCH E, ETC	TOTAL BUSINESS INCOME - ADD STEP 2 & STEP 3 COLUMN (A)	TOTAL TAXED WAGES, SALARIES, & OTHER COMPENSATION FROM W-2	Column C TIMES .1042	ALLOWABLE CREDIT FOR TAXES PAID TO OTHER MUNICIPALITIES NOT TO EXCEED 1% OF COLUMN D
STEP 1	WAGES, SALARIES, TIPS & OTHER COMPENSATION				
STEP 2	BUSINESS PROFIT				
STEP 3	RENTAL INCOME				
STEP 4	TOTAL ALLOWABLE CREDIT FOR TAXES PAID TO OTHER MUNICIPALITIES (Enter on page 1 line 5B)				

**WORKSHEET B (BELOW)-MONTHLY INCOME METHOD-USE THIS WORKSHEET IF PROFIT, INCOME AND/OR WAGES FLUCTUATE THROUGHOUT THE YEAR: IF THE WORKSHEET IS USED-IT MUST BE FILED WITH THE TAX RETURN.**

COLUMN (A)-List each City where work was performed or business located by each type of Income (i.e. wages, business income, rental income) for November 24, 2020-December 31, 2020.

COLUMN (B) - Taxable Income by type for November 24, 2020-December 31, 2020

**ATTACH SUPPORTING DOCUMENTATION FOR TAXABLE INCOME (DECEMBER PAY STUBS, P&L, ETC)**

COLUMN (C)-List each City's tax rate.

COLUMN (D) - the amount of taxes paid November 24, 2020 - December 31, 2020 to each City listed. Should match supporting documentation above.

COLUMN (E)-The portion of Column (D) that is an allowable credit for Income Taxes paid to other Municipalities. **NOT TO EXCEED 1% OF COLUMN (B).**

WORKSHEET B FOR INDIVIDUALS AND NET PROFITS-BUSINESSES				
(A)	(B)	(C)	(D)	(E)
List All Cities Where Work Was Performed or Business Located November 24 - December 31, 2020	Individual, Business, or Rental Income November 24 - December 31, 2020	City's Tax Rate	Tax Paid November 24 - December 31, 2020	Allowable Credit for Income Tax Paid to Other Municipalities November 24 - December 31, 2020 NOT TO EXCEED 1% OF COLUMN B
Total Income Tax Paid Other Municipalities to Page 1 Line 5B				
Attach supporting documentation for Individual, Business, or Rental income November 24, 2020 - December 31, 2020				
If more space is needed, add another page.				



NOTE: THE 5-YEAR LOSS CARRY FORWARD SCHEDULE(S) MUST BE COMPLETED, OR A SIMILAR SCHEDULE ATTACHED TO THIS RETURN THAT INCLUDES ALL REQUIRED INFORMATION  
(SEE INSTRUCTIONS)

**BUSINESS INCOME**

WORKSHEET A

LOSS CARRY FORWARD CALCULATION BUSINESS INCOME - (FIVE YEAR LIMIT)

(SEE INSTRUCTIONS)	5 YRS PRIOR	4 YR PRIOR	3 YR PRIOR	2 YR PRIOR	1 YR PRIOR	TAX YR OF FILING	TOTAL
Unused Loss Carry forward							
Loss Used THIS YEAR (Enter Total on Schedule Z Line 5)							
Loss Carried Forward to NEXT TAX YEAR							

Method of Accounting and Allocation Used to Determine the Portion of Net Operating Loss Allocable to Hartville:

Cash  Accrual  Other (Explain) \_\_\_\_\_

NOTE: THE 5 YEAR LOSS CARRY FORWAR SCHEDULE(S) MUST BE COMPLETED, OR A SIMILAR ATTACHED TO THIS RETURN THAT INCLUDES ALL REQUIRED INFORMATION - SEE INSTRUCTIONS

**RENTAL INCOME**

WORKSHEET B

LOSS CARRY FORWARD CALCULATION RENTAL INCOME - (FIVE YEAR LIMIT)

(SEE INSTRUCTIONS)	5 YRS PRIOR	4 YR PRIOR	3 YR PRIOR	2 YR PRIOR	1 YR PRIOR	TAX YR OF FILING	TOTAL
Unused Loss Carry forward							
Loss Used THIS YEAR (Enter Total on Section B Line 2)							
Loss Carried Forward to NEXT YEAR							

Method of Accounting and Allocation Used to Determine the Portion of Net Operating Loss Allocable to Hartville:

Cash  Accrual  Other (Explain) \_\_\_\_\_