

MAIL TO: VILLAGE OF HARTVILLE MANDATORY FILING

P.O. BOX 760
HARTVILLE, OHIO 44632-0760
ON OR BEFORE APRIL 15

IF YOU MOVED DURING THE YEAR, COMPLETE THIS BLOCK
Date moved into Hartville
Date moved out of Hartville
Present Address
City, State, Zip

Tax Year Due Date
Fiscal Period from through

Account Number
FEDERAL ID NUMBER
Your SS#
Spouse SS#
Phone

Indicate here if you are:
Retired and have no taxable income
Under 18 (attach proof of age)
Unemployed for the entire year
Other

- 1 WAGES, SALARIES, TIPS & OTHER COMPENSATION (Enclose W-2 Forms)
2 OTHER TAXABLE INCOME:
A. BUSINESS PROFIT (Attach Federal Forms) PAGE 2 SECTION A
B. RENTAL INCOME (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 DEDUCT EMPLOYEE BUSINESS EXPENSE (Attach Fed. 2106 Form and Fed Schedule A)
4 TAXABLE INCOME (Line 1 Plus Line 2C Less Line 3)
5 VILLAGE TAX DUE 1.% OF LINE 4

6 CREDITS:

- A. HARTVILLE INCOME TAX WITHHELD (ATTACH W-2S)
B. INCOME TAX PAID OTHER MUNICIPALITIES (PAGE 2 SCH W OR WORKSHEET C IN INSTRUCTIONS)
C. OVERPAYMENT FROM PRIOR YEAR
D. ESTIMATED TAX PAYMENTS
E. TOTAL CREDITS (ADD LINES A,B,C,D)
7 BALANCE TAX DUE, IF LINE 5 IS GREATER THAN LINE 6E. (Payment in full must accompany return)
8 A. PENALTY \$ B. INTEREST \$ SEE INSTRUCTIONS.
9 TOTAL AMOUNT DUE PAYABLE TO VILLAGE OF HARTVILLE (LINE 7 PLUS 8A AND 8B)
10 OVERPAYMENT TO BE REFUNDED \$ OR CREDITED \$ TO NEXT YEAR ESTIMATE

NOTE: No refund will be made until next Declaration is filed.

No taxes or refunds of less than \$1.00 shall be collected or refunded.

DECLARATION OF ESTIMATED TAX FOR YEAR 20
1 Total 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 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 1/4 of line 6) \$

NOTE: THE 2-YEAR LOSS CARRY FORWARD SCHEDULE(S) MUST BE COMPLETED, OR A SIMILAR SCHEDULE ATTACHED TO THIS RETURN THAT INCLUDES ALL REQUIRED INFORMATION-SEE INSTRUCTIONS.

Table with 4 columns: WORKSHEET A (SEE INSTRUCTIONS), BUSINESS INCOME - (TWO YEAR LIMIT), 2 YRS PRIOR, 1 YR PRIOR, TAX YR OF FILING, TOTAL. Rows include Unused Loss Carry forward, Loss Used THIS YEAR, and Loss Carried Forward to NEXT TAX YEAR.

Table with 4 columns: WORKSHEET B (SEE INSTRUCTIONS), LOSS CARRY FORWARD CALCULATION RENTAL INCOME - (TWO YEAR LIMIT), 2 YRS PRIOR, 1 YR PRIOR, TAX YR OF FILING, TOTAL. Rows include Unused Loss Carry forward, Loss Used THIS YEAR, and Forward to NEXT TAX YEAR.

CHECK THE FOLLOWING BOX IF YOU WISH TO ALLOW US TO ALLOW US TO DISCUSS YOUR VILLAGE OF HARTVILLE TAX RETURN WITH YOUR PREPARER.

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. IF PREPARED BY A PERSON OTHER THAN TAXPAYER, THE DECLARATION IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE.

Name
Address
Phone
Signature of Person Preparing if other than Taxpayer
Date

Signature
Date
Signature
Date

SECTION A	BUSINESS PROFIT - Attach appropriate federal schedules for Income from partnerships, business, estate, trusts, fees and other	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					\$ _____

SECTION B	RENTAL INCOME FROM FEDERAL SCHEDULE E AND R
1	RENTAL INCOME FROM FEDERAL SCHEDULE E AND/OR R..... \$ _____
2	NET LOSS CARRY FORWARD USED FROM WORKSHEET B (Cannot be more than Line 1)..... \$ _____
3	TAXABLE RENTAL INCOME (LOSS) (Enter on Page 1 Line 2B)..... \$ _____

Attach copy of federal schedules. The first \$65.00 per month of net rental income from the rental of real estate is exempt from income tax.

SCHEDULE W - CALCULATION OF INCOME TAX PAID TO OTHER MUNICIPALITIES - SIMPLIFIED METHOD					
	(A)	(B)	(C)	(D)	(E)
STEP 1	WAGES, SALARIES, TIPS & OTHER COMPENSATION	NET PROFIT/ DISTRIBUTIONS FROM 1120, K-1, SCH E, SCH C, ETC	TOTAL BUSINESS INCOME - ADD STEP 2 & STEP 3 COLUMN (A)	TOTAL WAGES, SALARIES, & OTHER COMPENSATION FROM W-2 (.083333)	TAXES PAID TO OTHER MUNICIPALITIES ON AMOUNT IN COLUMN (D) - NOT TO EXCEED 1% EACH W-2 SEPARATELY.
STEP 2	BUSINESS PROFIT				
STEP 3	RENTAL INCOME				
STEP 4	TOTAL TAXES PAID TO OTHER MUNICIPALITIES (ENTER ON PAGE 1 LINE 6B)				

Complete this Schedule if the Simplified Method is used

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. Expenses incurred in the production of non-taxable.....	\$ _____	o. Interest Income (Individuals Only).....	\$ _____	
c. Taxes paid to state and local municipalities.....	\$ _____	p. Dividends.....	\$ _____	
d. Net operating loss deduction per Federal Return.....	\$ _____	q. Other (Explain).....	\$ _____	
e. Payments to partners.....	\$ _____	z. Enter Schedule Z Line 28.....	\$ _____	
f. Sick pay not included in Line 1 above.....	\$ _____			
g. Contributions.....	\$ _____			
h. Other expenses not deductible (Explain).....	\$ _____			
m. (Enter Schedule Z Line 2A).....	\$ _____			

SCHEDULE Y	Business Allocation Formula USE ONLY IF NET PROFIT FROM HARTVILLE BRANCH IS NOT AVAILABLE		
	A. LOCATED EVERYWHERE	B. LOCATED IN HARTVILLE	C. PERCENTAGE (B/A)
STEP 1	AVG VALUE OF REAL & TANG. PERSONAL PROPERTY		
STEP 2	GROSS RECEIPTS FROM SALES MADE AND/OR WORK OR SERVICES PERFORMED (SEE INSTRUCTIONS)		
STEP 3	WAGES, SALARIES, AND OTHER COMPENSATION PAID EMPLOYEES		
STEP 4	TOTAL PERCENTAGES		
STEP 5	AVERAGE PERCENTAGE (Divide Total Percentages by Number of Percentages Used)		
		ENTER SCHEDULE Z LINE 3B	%

SCHEDULE Z	
1	BUSINESS INCOME..... \$ _____
2	ITEMS NOT DEDUCTIBLE (Schedule X, Line m)..... ADD \$ _____
	ITEMS NOT TAXABLE (Schedule X, Line z)..... DEDUCT \$ _____
	ENTER EXCESS LINE 2A MINUS 2B (NOT LESS THAN ZERO)..... \$ _____
3	A. ADJUST NET INCOME (Line 1 Plus/Minus Line 2C) IF SCHEDULE X IS USED..... \$ _____
	B. AMOUNT ALLOCABLE TO HARTVILLE IF SCHEDULE Y STEP 5 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)..... \$ _____