

File with the Chillicothe City Income Tax Dept.
 35 S. Paint Street • P.O. Box 457
 Chillicothe, Ohio 45601-0457
 Telephone: (740) 773-1161 • Fax: (740) 773-4535
 Website: Chillicothe.com

CHILLICOTHE INCOME TAX RETURN

Filing required even if no tax due.

YEAR
or

Fiscal Period _____ to _____
FILE ON OR BEFORE APRIL 15 (OR THE FEDERAL DUE DATE)
FISCAL and PARTIAL YEARS FILE
WITHIN 105 DAYS of end of period

**Make Checks and Money Orders Payable to
 Chillicothe Income Tax
 Credit Cards Accepted**

Are you fully retired? YES NO
 Did you file a return last year? YES NO
PARTIAL YEAR RESIDENT:
 Date moved in: ____/____/____
 Date moved out: ____/____/____
 For partial wages, proof needed
 Do you own rental property? YES NO
 RESIDENT NON-RESIDENT
 If you rent, give name and address of landlord:
 NAME _____
 ADDRESS _____

Soc. Sec. No.

 Soc. Sec. No.

 Fed. I.D. No.

TAX OFFICE USE ONLY
 INT _____
 DATE _____
 Check _____
 Cash _____
 Refund requested _____

PLEASE MAKE NECESSARY CORRECTIONS TO NAME/ADDRESS

1. Gross Wages (use highest figure on all W-2s), Salaries, 1099 misc., and other compensation (Attach all W-2s)	\$
2. Income other than Wages (Attach Schedule(s) C, E and/or F. NOL's may not be used to offset qualifying wages but must be reported.)	
3. Total Income	
4a. Items not deductible from Line H Schedule X	Add _____
b. Items not taxable from Line N Schedule X	Deduct _____
c. Difference between Lines 4a and 4b to be added to or subtracted from Line 3	
5a. Adjusted Net Income (Line 3 plus or minus 4c)	
b. Amount allocable to Chillicothe if Schedule Y is used _____ % of Line 5a)	
6. Amount subject to Chillicothe Income Tax (Line 1, 3, 5a, or 5b)	
7. Chillicothe Income Tax 2.0%	\$
8. Credits (A) Tax withheld for the City of Chillicothe	\$
(B) Payments on Current Declaration (or Credit)	\$
(C) Income Taxes paid to the City of _____ (Tax credit cannot exceed 1.0% of gross earnings in other city.)	\$
(X) Total Credit Allowable	\$
9a. Balance of Tax Due (Line 7 Less Line 8X)	\$
b. PENALTY \$25.00 Late Filing Fee plus penalty and interest if paid after April 15th (See #7 of instructions)	\$
10. Amount payable to City of Chillicothe Income Tax (payment must accompany this form)	\$
11. Overpayment claimed _____ refund <input type="checkbox"/> credit to next year Declaration <input type="checkbox"/>	PAY THIS AMOUNT

DECLARATION OF ESTIMATED TAX FOR CALENDAR YEAR _____ or FISCAL PERIOD _____ to _____

Computations of Estimate Tax

1. Estimated Taxable Income for Year	(1.) \$ _____
2. Estimated Tax Due: 2.0% of Line 1	(2.) \$ _____
3. Credits:	
A. Less Chillicothe Tax to be Withheld	
B. Less Taxes Paid to another city not to exceed 1% of line 2, (examples on instructions)	
C. Less overpayments claimed on previous year's return	
D. Total Credits	(3.) \$ _____
4. Balance of Estimated Chillicothe Tax Due (Line 2 less Line 3)	(4.) \$ _____
5. Quarterly Tax Payable Now (Line 4 times 25%)	(5.) \$ _____

Third Party Designee Do you want to allow another person to discuss this matter with the City of Chillicothe? (see instructions) YES Complete the following NO

Designee's Name _____ Phone No. () _____ SSN _____

The undersigned declares that this return (and accompanying schedules) is a true, correct, and complete return for the taxable period stated, and that the figures used are the same as used for Federal Income tax purposes and understands that this information may be released to the tax administration of the city of residence and the I.R.S.

Sign Here Your Signature ► _____ Date _____
 If joint return spouse must sign Spouse's Signature ► _____ Date _____
Paid Preparer Use Only Signature ► _____ Date _____
 SSN/FIN _____
 Phone No. () _____

SCHEDULE C – PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION (complete only if schedule not filed with federal government)

- 1. TOTAL RECEIPTS, LESS ALL ALLOWANCES, REBATES, AND RETURNS \$ _____ otherwise attach Federal Schedule C.
- 2. LESS Cost of Labor \$ _____ Material, supplies, and other costs \$ _____
- 3. GROSS PROFIT FROM SALES, ETC. (Line 1 less Line 2) \$ _____
- 4. DIVIDENDS \$ _____ : INTEREST \$ _____ : ROYALTIES \$ _____
- 5. RENTS RECEIVED, IF CONNECTED WITH TRADE OR BUSINESS
- 6. OTHER BUSINESS INCOME (specify)
- 7. TOTAL BUSINESS INCOME BEFORE DEDUCTIONS \$ _____

BUSINESS DEDUCTIONS

- 8. Advertising and Promotion \$ _____
- 9. Auto, Truck, and Travel
- 10. Interest on Business Indebtedness
- 11. a. Income taxes on Business
- b. Other Business Taxes
- 12. a. Compensation of Officers
- b. Salaries and Wages
- c. Payment to Partners
- 13. Depreciation Amortization
- 14. Rents (Paid to)
- 15. Other (List if over 10 percent Line 16)
- 16. Total (Line 8 thru 15)
- 17. Net Profit or Loss from business \$ _____
(Line 7 less Line 16)

19. SCHEDULE E – INCOME FROM RENTS (if not included in Schedule C)

Kind and location of property	Amount of Rent	Depreciation	Repairs	Other Expenses	Net income (or loss)

NET INCOME (or loss) SCHEDULE E \$ _____

20. SCHEDULE H – OTHER INCOME NOT INCLUDED IN SCHEDULES C or E

INCOME FROM PARTNERSHIPS, ESTATES, and TRUSTS: FEES, TIPS, ETC.

Received From	For (describe)	Amount

TOTAL INCOME SCHEDULE H \$ _____

21. TOTAL SCHEDULES C, E, and H. ENTER AS LINE 2

\$ _____

SCHEDULE X – BUSINESS RECONCILIATION WITH FEDERAL INCOME TAX RETURN

ITEMS NOT DEDUCTIBLE		ADD	ITEMS NOT TAXABLE		DEDUCT
A. Capital Losses (from Federal Return)	\$ _____		I. Capital Gains	\$ _____	
B. Income Taxes	_____		J. Interest Income	_____	
C. Expenses Applicable to Non-Taxable Income	_____		K. Dividends (less Federal exclusion)	_____	
D. Net Operating Loss Deduction Per Federal Return	_____		L. Income from Royalties, Patents, and Copyrights	_____	
E. Payments to Partners	_____		M. Other Income exempt from Chilocotho Income-Tax (explain)	_____	
F. Sick Pay Not Included in Line 1, Page 1	_____			_____	
G. Other	_____			_____	
H. Total Additions (enter as Line 4a, Page 1)	_____		N. Total Deductions (enter as Line 4b, Page 1)	\$ _____	

SCHEDULE Y – BUSINESS ALLOCATION FORMULA

	a. Located Everywhere	b. Located in Chilocotho	c. Percentage (b + a)
STEP 1. Average Value of Real and Tangible Personal Property	_____	_____	_____
Gross Amount Rentals Paid multiplied by 8	_____	_____	_____
TOTAL STEP 1	_____	_____	_____ %
STEP 2. Gross Receipts from Sales made and/or Work Services performed	_____	_____	_____ %
STEP 3. Wages, Salaries, Etc. Paid	_____	_____	_____ %
STEP 4. Total Percentages	_____	_____	_____ %
STEP 5. Average Percentage (divide Total Percentages by number of Percentages used – Carry to Line 5b)	_____	_____	_____ %

SCHEDULE Z – PARTNERS' DISTRIBUTIVE SHARES OF NET INCOME

1. Name of each partner	2. Address	3. Distributive Shares of Partners		4. Other Payments	5. Taxable Percentage	6. Amount Taxable
		Percent	Amount			
(a)			\$ _____	\$ _____		\$ _____
(b)						
(c)						
(d)						
7. TOTALS from Schedule C above.		100	\$ _____		XXXXXXXXXX	