

File with  
**CHILLICOTHE CITY INCOME TAX DEPT.**  
 35 S. Paint St. • P.O. Box 457  
 Chillicothe, Ohio 45601-0457  
 Telephone: (740) 773-1161

# 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

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 \_\_\_\_\_

**Make Checks and Money Orders**  
**Payable to:**  
**City of Chillicothe, Ohio – Income Tax**

**\* Individual Filers Only**

Soc. Sec. No. \_\_\_\_\_

Soc. Sec. No. \_\_\_\_\_

Fed. I.D. No. \_\_\_\_\_

**TAX OFFICE USE ONLY**

INT \_\_\_\_\_

DATE \_\_\_\_\_

Check \_\_\_\_\_

Cash \_\_\_\_\_

Refund requested \_\_\_\_\_

IF ADDRESS IS INCORRECT PLEASE MAKE CORRECTION

* 1. Gross Wages (use highest figure on all W-2s), Salaries, 1099 misc., and other compensation (Attach all W-2s)		\$
* 2. Other Income—Rental Income (Attach Federal Schedules C, E, and F)		
* 3. Total Income (Total of Lines 1 and 2)		
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. <b>PENALTY \$25.00 Late Filing Fee</b> 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"/>		<b>PAY THIS AMOUNT</b> ↑

**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. ( ) \_\_\_\_\_