

Form IR                      File With  
  
 Village Income Tax  
 P.O. Box X  
 South Charleston, Ohio 45368

**SOUTH CHARLESTON**  
**20 - INCOME TAX RETURN - 20**  
**FILING REQUIRED EVEN IF NO TAX ARE DUE**  
 File this return AND REMITTANCE before the fifteenth day of the fourth month

**TAX OFFICE**  
  
**PHONE**  
**462-8888**

ACCOUNT NO. \_\_\_\_\_

TAXPAYER'S NAME, ADDRESS \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE:      HOME \_\_\_\_\_

   BUSINESS \_\_\_\_\_

S.S. #- MR. \_\_\_\_\_ MRS. \_\_\_\_\_

IF MOVED SINCE THE PREVIOUS FINAL RETURN WAS DUE GIVE DATE OF MOVE AND ADDRESS.

NOTE 1 - Eliminate amounts less than 50 cents and increase any amount from 50 cents thru 99 cents to the next highest dollar.  
 NOTE 2- Any taxpayer attaching a copy of his Federal Return or Schedules, where applicable, need not complete Page 2.

**ALL W-2'S AND/OR 1099'S MUST BE ATTACHED**

- 1. Enter Gross Wages, Salaries, Bonuses, Commissions, and other employee compensation \_\_\_\_\_ \$ \_\_\_\_\_
- 1a. Enter Gross Wages, Salaries, Bonuses, Commissions, and other employee compensation (spouse) \_\_\_\_\_ \$ \_\_\_\_\_
- 2. OTHER TAXABLE INCOME (FROM PAGE 2 IF USED) \_\_\_\_\_ \$ \_\_\_\_\_
- 3. TAXABLE INCOME: LINE 1, PLUS LINE 2 \_\_\_\_\_ \$ \_\_\_\_\_
- 4 MUNICIPAL TAX 1 % OF LINE 3 \_\_\_\_\_ \$ \_\_\_\_\_
- 5. CREDITS
  - A. TAX WITHHELD BY EMPLOYER (NOT TO EXCEED 1% per W-2) \_\_\_\_\_ \$ \_\_\_\_\_
  - B. 19- ESTIMATED TAX PAID THIS MUNICIPALITY \_\_\_\_\_ \$ \_\_\_\_\_
  - C. tax paid other Municipality (Withheld or Paid) \_\_\_\_\_ \$ \_\_\_\_\_  
 (Do not include tax paid in excess of 1 %) \_\_\_\_\_ \$ \_\_\_\_\_
  - D. TOTAL CREDITS. \_\_\_\_\_ \$ \_\_\_\_\_
- 6. BALANCE TAX DUE, IF LINE 4 GREATER THAN LINE 5D (PAYMENT IN FULL MUST ACCOMPANY THIS RETURN) \_\_\_\_\_ \$ \_\_\_\_\_
  - A. Penalty - 1 0% of amount on line 7 (if not filed and paid by due date) \_\_\_\_\_ \$ \_\_\_\_\_
  - B. Interest 1 1/2% per month of amount shown on Line 6 (if not filed and paid by due date) \_\_\_\_\_ \$ \_\_\_\_\_
  - c. TOTAL AMOUNT DUE \_\_\_\_\_ \$ \_\_\_\_\_
- 7. OVERPAYMENT TO BE REFUNDED \$ \_\_\_\_\_ OR CREDITED \$ \_\_\_\_\_ TO NEXT YEAR ESTIMATE  
 MAKE CHECKS PAYABLE TO VILLAGE INCOME TAX

I CERTIFY THAT I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) 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.

\_\_\_\_\_  
 Signature of Person Preparing if Other than Taxpayer                      Date

\_\_\_\_\_  
 Signature of Taxpayer or Agent                      Date

\_\_\_\_\_  
 Signature of Spouse                      Date

**THIS FORM MUST BE FILLED OUT AND FILED BY EACH INDIVIDUAL RECEIVING IT, WHETHER OR NOT HE IS PAYING CITY TAX ELSEWHERE.**

**THIS RETURN MUST BE SIGNED BY TAXPAYER OR AGENT**

This page to be completed only by those who have municipal taxable income other than wages or who claim expenses as a deduction from such wages.

**Profit (or Loss) from Business or Profession**

- 1. Total Receipts, Less Allowances, Rebates and Returns \_\_\_\_\_ \$ \_\_\_\_\_
- 2. Beginning Inventory \_\_\_\_\_ \$ \_\_\_\_\_
- 3. Purchases \_\_\_\_\_ \$ \_\_\_\_\_
- 4. Labor \_\_\_\_\_ (Please answer question 5 below) \$ \_\_\_\_\_
- 5. Materials and Other Costs (attach schedule) \_\_\_\_\_ \$ \_\_\_\_\_
- 6. Ending Inventory \_\_\_\_\_ \$ \_\_\_\_\_
- 7. Gross Profit \_\_\_\_\_ \$ \_\_\_\_\_
- 8. Other Business Income Interest \_\_\_\_\_ Dividend \_\_\_\_\_ Other (attach schedule) \_\_\_\_\_
- 9. Total Business Income Before Deductions \_\_\_\_\_ \$ \_\_\_\_\_

**Business Deductions**

(See quest. 5)

- 10. Compensation of Officers \_\_\_\_\_ \$ \_\_\_\_\_
- 11. Salaries, Wages, (No deducted elsewhere) \_\_\_\_\_
- 12. Payments to Partners \_\_\_\_\_
- 13. Rents (paid to \_\_\_\_\_) \_\_\_\_\_
- 14. Interest on Business Indebtedness . . . \_\_\_\_\_
- 15. a. City & State Income Taxes ... \_\_\_\_\_  
b. Other Business Taxes \_\_\_\_\_
- 16. Losses of Business Property \_\_\_\_\_ \$ \_\_\_\_\_
- 17. Bad Debts \_\_\_\_\_
- 18. Depreciation, Amortization, Depletion \_\_\_\_\_
- 19. Repairs \_\_\_\_\_
- 20. Advertising and Promotion \_\_\_\_\_
- 21. Auto, Truck and Travel \_\_\_\_\_
- 22. Other \_\_\_\_\_
- 23. Total Business Deductions (total of lines 10 to 22) \_\_\_\_\_ \$ \_\_\_\_\_
- 24. Net Profit (or loss) From Business or Profession (line 9 less line 23) \_\_\_\_\_ \$ \_\_\_\_\_

Income from Rents					
Kind & Location of Property	Amount of Rent	Depreciation	Repairs	Other Expenses	Net income (or loss)

**Total Income (or loss)** \_\_\_\_\_ \$ \_\_\_\_\_

**Other Income Not Included Above**

- Farm Income: attach summary of Income and deductions from Federal Return** \_\_\_\_\_ \$ \_\_\_\_\_
- Other Income: (State nature, attach schedule if necessary)** \_\_\_\_\_ \$ \_\_\_\_\_
- Total Income (or loss)** \_\_\_\_\_ \$ \_\_\_\_\_

**Instructions**

Line No.

- 1. Do not include pensions, annuities, subpay, unemployment, military pay or Workman's Compensation.
- 2. To be completed only if you are required to complete Page 2.
- 7. Overpayment will be applied to next year's Declaration unless a request for a refund is indicated.

Deductions will be allowed only when a W-2 is attached and all expenses must be substantiated by proper schedules.