

CITY OF LOGAN, OHIO

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(740) 385-2222

MAKE CHECK OR MONEY ORDER PAYABLE TO

CITY OF LOGAN

FILE WITH LOGAN INCOME TAX DEPT. P.O. Box 343 Logan, Ohio 43138

FILING REQUIRED EVEN IF NO TAX DUE.

MAY BE USED IN ANY CITY IN BUTLER, CLERMONT, HAMILTON, HIGHLAND, HOCKING, MONTGOMERY OR WARREN COUNTIES BY INSERTING PROPER NAME AND CHANGING TAX RATE.

ON OR BEFORE APRIL 15.

NOTICE: By law, all refunds and credits, in excess of \$10.00 are being reported to IRS.

THIS SPACE FOR TAX OFFICE ONLY

TELEPHONE: Home _____

NAME OF EMPLOYER _____

Business _____

ADDRESS: Street _____

City _____

TAXPAYERS NAME AND ADDRESS

ACCOUNT NO. _____

SOCIAL SECURITY NUMBERS:

TAXPAYER _____

SPOUSE _____

Mandatory filing every year for all residents 18 and over with earned income, retirement MAY be an exception.

IF MOVED SINCE THE PREVIOUS FINAL RETURN WAS DUE GIVE DATE:

INTO CITY _____ OR OUT OF _____

ATTACH COPIES OF ALL FEDERAL SCHEDULES PERTAINING TO LINE 2. W-2 - USE HIGHEST FIGURE

WAGES, SALARIES, TIPS AND OTHER EMPLOYEE COMPENSATION (Attach all W-2's) \$
OTHER TAXABLE INCOME FROM PAGE 2 (Loss can't be deducted from withheld tax) attach copy of Federal Sch. \$
TAXABLE INCOME: LINE 1 PLUS LINE 2 \$
MUNICIPAL TAX 2% OF LINE 3 \$
CREDITS
A. TAX WITHHELD BY EMPLOYER FOR LOGAN \$
B. ESTIMATED TAX PAID THIS MUNICIPALITY \$
C. TAX PAID CITY OR VILLAGE OF (NOT TO EXCEED 1 1/2%) \$
D. PRIOR YEAR CREDITS \$
E. TOTAL CREDITS \$
IF LINE 4 IS GREATER THAN LINE 5E PAYMENT OF BALANCE MUST ACCOMPANY THIS RETURN:
TAX DUE \$
A. PENALTY \$ INTEREST \$
B. TOTAL AMOUNT DUE (Payment must accompany return if \$1.00 or more) \$
OVERPAYMENT TO BE REFUNDED \$ OR CREDITED \$ TO NEXT YEAR ESTIMATE.

DECLARATION OF ESTIMATED TAX FOR YEAR

TOTAL INCOME SUBJECT TO TAX \$ MULTIPLY BY TAX RATE OF 2% FOR GROSS TAX OF \$
LESS EXPECTED TAX CREDITS
A. OVERPAYMENT FROM PRIOR YEAR(S) \$
B. PAYMENTS ON TAXABLE INCOME TO ANOTHER MUNICIPALITY (NOT TO EXCEED 1 1/2%) \$
C. TOTAL CREDITS \$
0. NET TAX DUE (LINE 8 LESS LINE 9C) \$
1. AMOUNT PAID WITH THIS DECLARATION (NOT LESS THAN 1/4 OF LINE 10) \$
2. BALANCE OF 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 BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE.

Signature of Person Preparing if Other Than Taxpayer

Signature of Taxpayer or Agent

Address

Phone No.

IN LIEU OF COMPLETING YOU MAY ATTACH APPROPRIATE FEDERAL SCHEDULE(S)

SECTION A	Profit (or Loss) from Business or Profession	
1. TOTAL RECEIPTS LESS ALLOWANCES, REBATES AND RETURNS	\$	
2. LESS Cost of Labor \$	Materials supplies and other costs \$	\$
3. GROSS PROFIT FROM SALES, ETC. (Line 1 less line 2)	\$	
4. INTEREST \$	OTHER BUSINESS INCOME (Specify) \$	\$
5. TOTAL BUSINESS INCOME BEFORE DEDUCTIONS	\$	
6. ADVERTISING AND PROMOTION	\$	11. DEPRECIATION, AMORTIZATION
7. AUTO, TRUCK AND TRAVEL	\$	12. RENTS (Paid to
8. INT. ON BUSINESS INDEBTEDNESS	\$	13. OTHER (List if over 10% of Line 14)
9a. TAXES BASED ON INCOME	\$	14. TOTAL BUSINESS DEDUCTIONS (Total of Lines 6 to 13)
b. OTHER BUSINESS TAXES	\$	15. NET PROFIT (OR LOSS) FROM BUSINESS
10. SALARIES AND WAGES	\$	OR PROFESSION (LINE 5 LESS LINE 14)

SECTION B	Total from Federal Schedule D, Form 4797.	\$
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SECTION C	Income from Rents - from Schedule E.				
Kind & Location of Property	Amount of Rent	Depreciation	Repairs	Other Expenses	Net Income (Or Loss)
NET INCOME INCOME SECTION C					\$

SECTION D	All other Taxable income.	
INCOME FROM PARTNERSHIPS, ESTATES & TRUSTS, FEES, TIPS, COMMISSIONS, WAGE, GAMBLING AND MISCELLANEOUS		
RECEIVED FROM	FOR (DESCRIBE)	AMOUNT
NET INCOME INCOME SECTION D		\$

TOTAL	From Sections A, B, C & D. Enter on Page 1, Line 1	\$
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SCHEDULE X	Reconciliation with Federal Income Tax Return	
ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE
a. Capital Losses	\$	j. Capital Gains
b. Expenses incurred in the production of non-taxable income	\$	k. Interest Income
c. Taxes based on income (State)	\$	l. Dividends
d. Taxes based on income (City)	\$	m. Other (Explain)
e. Net operating loss deduction per Federal Return	\$	
f. Payments to Partners	\$	
g. Contributions	\$	
h. Other expenses not deductible (Explain)	\$	
	Total \$	
		n. Total \$

SCHEDULE Y	Business Allocation Formula	a. LOCATED EVERYWHERE	b. LOCATED IN THIS CITY	c. PERCENTAGE (b + a)
STEP 1. AVG. VALUE OF REAL & TANG. PERSONAL PROPERTY				%
GROSS ANNUAL RENTALS PAID MULTIPLIED BY 8				
TOTAL STEP 1				%
STEP 2. GROSS RECEIPTS FROM SALES MADE AND/OR WORK OR SERVICES PERFORMED				%
STEP 3. WAGES, SALARIES AND OTHER COMPENSATION PAID				%
4. TOTAL PERCENTAGES				%
5. AVERAGE PERCENTAGE (Divide Total Percentages by Number of Percentages Used.)				%

SCHEDULE Z	PARTNER'S SHARE OF INCOME	2. Resident	3. Dist. Shares of Partners	4. Other Payments	5. Taxable Percentage	6. Amount Taxable
1. NAME AND MUNICIPALITY OR TOWNSHIP OF EACH PARTNER		Yes	Percent			
		No	Amount			
TOTALS from Section A and D Above			100	\$		