2022 TIFFIN INCOME TAX RETURN

FOR CALENDAR YEAR 2022 OR FISCAL PERIOD

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CALENDAR YEAR TAXPAYERS FILE BY APRIL 18, 2023. FISCAL TAXPAYERS FILE BY 15TH DAY OF 4TH MONTH AFTER FISCAL YEAR END

MAIL TO: City of Tiffin Income tax 53 East Market Street P.O. Box 518

P.O. Box 518 Tiffin, OH 44883 (419) 448-5405

DECLARING EXEMPTION: Please fill out exemption certificate on page 2 and sign form at bottom

FILING REQUIRED EVEN IF NO TAX IS DUE

							(419) 448-5405
NAME(S):				(419) 448-5406 FAX IF YOU MOVED OR HAD ANY CHANGE IN STATUS DURING 2022.			
` '				COMPLETE THE FOLLOWING:			
				Date moved into Tiffin			
PHONE #:				Previous Address			
				Date moved out of Tiffin *If name change, give previous name			
				ii name cha	inge, give previous nam	ie	
SOCIAL SECU	RITY # OR F	EDERAL ID #	SPOUSE SC	CIAL SECURITY #			
W o Wob	WOLLEET	_					
W-2 WOR	KSHEEI						6
COPIES	Date wages were	1	2	3 QUALIFYING WAGES	4 TIFFIN TAX	5 OTHER CITY TAX	CREDIT ALLOWED FOR OTHER CITIES
OF ALL	Earned (Month/Day	PRINT EMPLOYER'S NAME	CITY WHERE EMPLOYED	(GREATER OF BOX 5 OR 18)	WITHHELD	WITHHELD	(SEE INSTRUCTIONS)
W2s, 1099s,							
& FEDERAL							
TAX RETURN							
MUST BE							
ATTACHED		TOTALS					
	ATTACH A	COPY OF 1040, ALL APPLICA	BLE W-2S, FEDERAL SO	CHEDULES, EXPLANATI	ONS ETC		
INCOME	1.	.1 \$					
		Miscellaneous Income (See instr	<u> </u>				
		Income from other than wages (f					
		TOTAL TIFFIN INCOME. ADD L					
TAX	5.	TIFFIN INCOME TAX. MULTIPL	Y LINE 4 BY 2% (.02)			5 \$	
TAX	6.	Tiffin income tax withheld from c	olumn 4	6 \$			
WITHHELD,	7.	Prior year credits					
PAYMENTS	8.	Estimated payments		8 \$			
	9.	Credit for tax withheld to other c	ities (column 6 above or 6	B on back)9 \$			
AND	10.	Credit for nondeductible expense	es (from worksheet - see i	instructions)10 \$			
CREDITS	11.	TOTAL PAYMENTS AND CRED	11 \$				
DALANOE	12.	12. BALANCE DUE. If line 5 is more than 11, enter balance due here					
BALANCE	13.	Late filing and late payment per		13 \$			
DUE,	14. Interest. 0.42% per month, if applicable						
REFUND		TOTAL DUE. Add lines 12 throu	•	`	or less)	15 \$	
OR		OVERPAYMENT. If line 5 is less		•			
CREDIT	17.	AMOUNT FROM LINE 16 TO BE	REFUNDED (No refund or cre	dit if \$10.00 or less)17 \$			

18. AMOUNT FROM LINE 16 TO BE **CREDITED** TO NEXT YEAR 18 \$

If this return was prepared by a tax practitioner, check here if we may contact him/her directly with questions regarding the preparation of this return.

The undersigned declares under penalty of perjury that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated and that the figures used herein are the same as used for Federal Income Tax purposes.									
SIGNATURE OF PREPARER, IF OTHER THAN TAXPAYER	DATE	SIGNATURE OF TAXPAYER	DATE						
NAME AND ADDRESS OF PREPARER (PLEASE PRINT)	TELEPHONE NUMBER	SIGNATURE OF SPOUSE (IF JOINT RETURN)	TELEPHONE NUMBER						

SCHEDULE OF INCOME FROM OTHER THAN WAGES

RETURNS WILL NOT BE ACCEPTED WITHOUT COPIES OF FEDERAL SCHEDULES C AND E, FORMS 1120, 1120S, FORM 1065 WHEN APPLICABLE. MUST INCLUDE ALL PAGES, SCHEDULES & STATEMENTS

FORM OR SCHEDULE	INCOME OR LOSS FROM FEDERAL SCHEDULE	TAX CREDIT ALLOWED FOR TAX PAID TO OTHER CITIES (LIMITED TO 2.0% OF INCOME)			
SCHEDULE C - BUSINESS INCOME (Attach copy of form and any referenced schedules)		J			
SCHEDULE E - RENTAL INCOME (Residents enter profit/loss from all properties) Nonresidents enter only profit/loss from Tiffin properties.					
3. SCHEDULE F - FARM INCOME (Attach copy of form and any referenced schedules)					
 SCHEDULE K-1 (Residents enter profit/loss from entities that do not pay Tiffin tax on entire distributive share.) (Attach copy of K-1) 					
5. FORM 1120, 1120S, 1065, 1041 (Attach copy of form and any referenced schedules)					
6. TOTAL OF LINES 1 THRU 5 Enter amount from 6A on Line 27 below and amount from 6B on Line 9 on page 1.	6A	6B			
SCHEDULE X RECONCILIATION WITH FEDERAL INCOME TAX RETURN	(NOT FOR INDIVIDUAL	NON-BUSINESS USE)			
ITEMS NOT DEDUCTIBLE ADD	ITEMS NOT TAXABLE	DEDUCT			
a. Capital Losses (Excluding Ordinary Losses)	(Excluding Ordinary Gains)	\$			
c. Taxes based on income (Including Franchise Tax)	ne				
	me Deduction				
	1)				
g. Other expenses not deductible (explain)					
h. Total additions (enter on Line 28a) \$ p. Total Deduct	ions (enter on Line 28b)	\$ <u></u>			
SCHEDULE Y BUSINESS ALLOCATION FORMULA					
a. LOCATED EVERYWHERE STEP 1 Avg. Original Cost of Real & Tang. personal property Gross annual rentals paid multiplied by 8 Total Step1 ————————————————————————————————————	b. LOCATED IN C. PERCE TIFFIN (b ÷				
27. Total from Schedule of Income Other than Wages above (Line 6A)		\$			
28. a. Items Not Deductible					
b. Items Not Taxable					
c. Enter excess of Line 28A or 28B		\$			
29. Adjusted Current Net Income (Loss) (See instructions)		\$			
30. Enter Allowable NOL Carry forward - 2017, 2018, 2019, 2020 & 2021 Losses only (See instru	ctions for limitations. Schedule mus	st be attached.)			
31. a. Adjusted Net Income after NOL Carryforward (Line 29 minus 30)					
32. Amount subject to Tiffin Income Tax (Carry to Page1, Line 3 but not less than -0-)		\$			
EXEMPTION CERTIFICATE (Signature is reason indicated below: RETIRED - I received only pension, Social Security and/or interest or dividend income for the UNDER 18 for the entire year of My date of birth is / / (Attach copy of	ne entire year.	nse)			

□ ACTIVE MEMBER OF THE U.S. ARMED FORCES for the entire year of _____. (Does not include civilians employed by military.)
□ NO EARNED INCOME for the entire year of _____. (Public assistance, SSI, Unemployment, etc. is not considered earned income.)