## 2017 TIFFIN INCOME TAX RETURN

DUE APRIL 17, 2018 OR 15TH DAY OF 4TH MONTH AFTER FISCAL YEAR END, FILING REQUIRED EVEN IF NO TAX IS DUE

MAIL TO: City of Tiffin Income tax 53 East Market Street DECLARING EXEMPTION: Please fill out exemption P.O. Box 518 certificate on page 2 and sign form at bottom Tiffin, OH 44883 (419) 448-5405 (419) 448-5406 FAX NAME(S): \_\_ IF YOU MOVED OR HAD ANY CHANGE IN STATUS DURING 2017 COMPLETE THE FOLLOWING: ADDRESS: Date moved into Tiffin ... CITY, STATE, ZIP: \_\_\_\_\_ Previous Address PHONE #: \_ Date moved out of Tiffin \_ EMAIL ADDRESS: \*If name change, give previous name\_ SPOUSE SOCIAL SECURITY #\_ SOCIAL SECURITY # OR FEDERAL ID # W-2 WORKSHEET CREDIT ALLOWED FOR QUALIFYING WAGES (GREATER OF BOX 5 **COPIES** OTHER CITY TAX OTHER CITIES (SEE Earned (Month/Day) PRINT EMPLOYER'S NAME CITY WHERE EMPLOYED TIFFIN TAX WITHHELD WITHHEI D INSTRUCTIONS) OR 18) **OF ALL** W2s, 1099s, & FEDERAL **TAX RETURN MUST BE ATTACHED** TOTALS ATTACH A COPY OF 1040, ALL APPLICABLE W-2S, FEDERAL SCHEDULES, EXPLANATIONS ETC... INCOME 5. TOTAL TIFFIN INCOME. ADD LINES 3 AND 4 ......5 TAX TAX 8. Prior year credits 8 \$ WITHHELD. **PAYMENTS** AND 11. Credit for nondeductible expenses (from worksheet - see instructions).....11 \$ **CREDITS BALANCE** DUE, **REFUND** 17. **OVERPAYMENT.** If line 6 is less than line 12, enter overpayment here ..17 \$ OR 18. AMOUNT FROM LINE 17 TO BE **REFUNDED** (No refund or credit if \$10.00 or less)...18 | \$ **CREDIT** DECLARATION OF ESTIMATED TAX - Taxpayers owing more than \$200.00 are required by law to set up and pay **ESTIMATE** \_\_\_\_\_ Multiply by tax rate of 1-3/4% (.0175) ......20 20. Total estimated income subject to tax \$\_ **FOR** NEXT YEAR 26. Enter balance due from line 16 above (No tax due if \$10.00 or less) .......26 **TAX DUE** CREDIT CARD INFORMATION FOR PAYMENT - (CHECK ONE) ☐ Visa ☐ MasterCard ☐ Discover Convenience fee of \$3.50 charged on all credit card payments ACCOUNT NUMBER **TOTAL AMOUNT PAID \$** SECURITY CODE **CARD EXPIRATION** (Line 27+ \$3.50) 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 SIGNATURE OF SPOUSE (IF JOINT RETURN) NAME AND ADDRESS OF PREPARER (PLEASE PRINT) TELEPHONE NUMBER 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

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 1.75% OF INCOME)	
1. SCHEDULE C – BUSINESS INCOME			
SCHEDULE E – RENTAL INCOME (Residents enter profit/loss from all properties.     Nonresidents enter only profit/loss from Tiffin properties.)			
<ol> <li>SCHEDULE K-1 (Residents enter profit/loss from entities that do not pay Tiffin tax on entire distributive share.)</li> </ol>			
4. MISCELLANEOUS INCOME – 1099 MISC, W-2G, SCHEDULE F, ETC.			
5. FORM 1120, 1120S, 1065, 1041			
6. TOTAL INCOME (LOSS) & TAX CREDIT ALLOWED (Combine Lines 1 through 5 and ente amount from 6A on Line 28 below and amount from 6B on Line 10 on front of return.)	r 6A	6B	
SCHEDULE X RECONCILIATION WITH FEDERAL INCOME TAX RETUR	N (NOT FOR INDIVIDUAL	NON-BUSINESS USE)	
c. Taxes based on income (Including Franchise Tax)	ITEMS NOT TAXABLE  IS (Excluding Ordinary Gains)		
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  STEP 2 Gross receipts from sales made and/or work or services performed STEP 3 Wages, salaries, and other compensation paid STEP 4 Total percentages STEP 5 Average percentage (Divide Total Percentages by Number of Percentages Used)			
28. Total from Schedule of income from other than wages above	ADD \$	\$ \$ \$	
EXEMPTION CERTIFICATE (Signature is require	d on front of this form)		
I have no taxable income because of the reason indicated below:			

RETIRED – I received only pension, Social Security and/or interest or dividend income.
UNDER 18 for the entire year of My date of birth is/ (Attach copy of birth certificate or driver's license)
ACTIVE MEMBER OF THE U.S. ARMED FORCES for the entire year of
NO EARNED INCOME for the entire year of (Public assistance, SSI, Unemployment, etc. is not considered earned income.)