2018 TIFFIN INCOME TAX RETURN

CALENDAR YEAR TAXPAYERS FILE BY APRIL 15, 2019. FISCAL TAXPAYERS FILE BY 15TH DAY OF 4TH MONTH AFTER FISCAL YEAR END

MAIL TO: City of Tiffin Income tax

DATE

TELEPHONE NUMBER

53 East Market Street ☐ DECLARING EXEMPTION: Please fill out exemption FILING REQUIRED EVEN IF NO TAX IS DUE 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 2018 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 **COPIES** QUALIFYING WAGES TIFFIN TAX OTHER CITY TAX FOR OTHER CITIES Earned (Month/Day) PRINT EMPLOYER'S NAME CITY WHERE EMPLOYED (GREATER OF BOX 5 OR 18) WITHHELD WITHHELD (SEE INSTRUCTIONS) 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 TOTAL TIFFIN INCOME. ADD LINES 1, 2 AND 3......4 TAX 5. TIFFIN INCOME TAX. MULTIPLY LINE 4 BY 1-3/4% (.0175) TAX WITHHELD, **PAYMENTS** 9. Credit for tax withheld to other cities (column 6 above or 8B on back)9 **AND** 10. Credit for nondeductible expenses (from worksheet - see instructions).....10 \$ CREDITS 11. TOTAL PAYMENTS AND CREDITS. ADD LINES 6 THROUGH 10......11 **BALANCE** DUE, REFUND 16. **OVERPAYMENT.** If line 5 is less than line 11, enter overpayment here ..16 \\$ OR 17. AMOUNT FROM LINE 16 TO BE **REFUNDED** (No refund or credit if \$10.00 or less)...17 \$ CREDIT DECLARATION OF ESTIMATED TAX - Taxpayers owing more than \$200.00 are required by law to set up and pay **ESTIMATE** 19. Total estimated income subject to tax \$_ ______ Multiply by tax rate of 2.0% (.02)19 **FOR** NFXT **YFAR 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 26+ \$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

DATE

TELEPHONE NUMBER

SIGNATURE OF TAXPAYER

SIGNATURE OF SPOUSE (IF JOINT RETURN)

SIGNATURE OF PREPARER, IF OTHER THAN TAXPAYER

NAME AND ADDRESS OF PREPARER (PLEASE PRINT)

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 1.75% OF INCOME)
SCHEDULE C – BUSINESS INCOME (Attach copy of form and any referenced schedules)		,
SCHEDULE E – RENTAL INCOME (Residents enter profit/loss from all properties) Nonresidents enter only profit/loss from Tiffin properties.		
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		
7. 2017 Net losses (See instructions for limitations)		
TOTAL INCOME (LOSS) Combine Lines 6 & 7 and enter amount from 8A on Line 27 below and amount from 8B on Line 9 on page 1.	8A	8B
SCHEDULE X RECONCILIATION WITH FEDERAL INCOME TAX RETURN	(NOT FOR INDIVIDUAL	NON-BUSINESS USE)
c. Taxes based on income (Including Franchise Tax)	(Excluding Ordinary Gains)ne	
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 (b ÷	
27. Total from Schedule of Income From Other Than Wages above (Line 8A) 28. a. Items Not Deductible b. Items Not Taxable c. Enter excess of Line 28A or 28B (May be negative) 29. a. Adjusted Net Income (Loss) (Line 27 minus 28C) b. Amount allocable to Tiffin. If Schedule Y is used then,% of Line 29a 30. Amount subject to Tiffin Income Tax (Carry to Page 1 Line 3)	ADD \$ DEDUCT \$	\$ \$ \$
EXEMPTION CERTIFICATE (Signature is reason indicated below:		

□ NO EARNED INCOME for the entire year of _____. (Public assistance, SSI, Unemployment, etc. is not considered earned 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 ____