

2020 TIFFIN INCOME TAX RETURN

FOR CALENDAR YEAR 2020 OR FISCAL PERIOD _____ TO _____

CALENDAR YEAR TAXPAYERS FILE BY APRIL 15, 2021. 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
Tiffin, OH 44883
(419) 448-5405
(419) 448-5406 FAX

FILING REQUIRED EVEN IF NO TAX IS DUE

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

NAME(S): _____
 ADDRESS: _____
 CITY, STATE, ZIP: _____
 PHONE #: _____
 EMAIL ADDRESS: _____

IF YOU MOVED OR HAD ANY CHANGE IN STATUS DURING 2020, COMPLETE THE FOLLOWING:
 Date moved into Tiffin _____
 Previous Address _____
 Date moved out of Tiffin _____
 *If name change, give previous name _____

SOCIAL SECURITY # OR FEDERAL ID # _____ SPOUSE SOCIAL SECURITY # _____

W-2 WORKSHEET

COPIES OF ALL W2s, 1099s, & FEDERAL TAX RETURN MUST BE ATTACHED

	Date wages were Earned (Month/Day) From To	1 PRINT EMPLOYER'S NAME	2 CITY WHERE EMPLOYED	3 QUALIFYING WAGES (GREATER OF BOX 5 OR 18)	4 TIFFIN TAX WITHHELD	5 OTHER CITY TAX WITHHELD	6 CREDIT ALLOWED FOR OTHER CITIES (SEE INSTRUCTIONS)
		TOTALS					

ATTACH A COPY OF 1040, ALL APPLICABLE W-2S, FEDERAL SCHEDULES, EXPLANATIONS ETC...

INCOME	1. Total W-2 wages from column 3 (If active military, see instructions.).....1		\$
	2. Miscellaneous Income (See instructions.).....2		\$
	3. Income from other than wages (from Schedule on back (See instructions.)).....3		\$
	4. TOTAL TIFFIN INCOME. ADD LINES 1, 2 AND 3.....4		\$
TAX	5. TIFFIN INCOME TAX. MULTIPLY LINE 4 BY 2% (.02).....5		\$
TAX WITHHELD, PAYMENTS AND CREDITS	6. Tiffin income tax withheld from column 4.....6	\$	
	7. Prior year credits.....7	\$	
	8. Estimated payments.....8	\$	
	9. Credit for tax withheld to other cities (column 6 above or 6B on back).....9	\$	
	10. Credit for nondeductible expenses (from worksheet - see instructions).....10	\$	
	11. TOTAL PAYMENTS AND CREDITS. ADD LINES 6 THROUGH 10.....11		\$
BALANCE DUE, REFUND OR CREDIT	12. BALANCE DUE. If line 5 is more than line 11, enter balance due here.....12		\$
	13. Late filing and late payment penalty (see instructions).....13		\$
	14. Interest. 0.583% per month, if applicable.....14		\$
	15. TOTAL DUE. Add lines 12 through 14. Carry to line 25 below (No tax due if \$10.00 or less).....15		\$
	16. OVERPAYMENT. If line 5 is less than line 11, enter overpayment here ..16	\$	
	17. AMOUNT FROM LINE 16 TO BE REFUNDED (No refund or credit if \$10.00 or less)..17	\$	
	18. AMOUNT FROM LINE 16 TO BE CREDITED TO NEXT YEAR.....18	\$	

DECLARATION OF ESTIMATED TAX – Taxpayers owing more than \$200.00 are required by law to set up and pay

ESTIMATE FOR NEXT YEAR	19. Total estimated income subject to tax \$_____ Multiply by tax rate of 2.0% (.02).....19		\$
	20. Subtract any estimated income tax to be withheld or paid to other cities.....20		\$
	21. Balance of city income tax declared. Subtract line 20 from line 19.....21		\$
	22. Tax due before credits. Enter at least 25% of line 21.....22		\$
	23. Less credits. Enter line 18 from above.....23		\$
	24. Net estimated tax due. Subtract line 23 from line 22.....24		\$
TAX DUE	25. Enter balance due from line 15 above (No tax due if \$10.00 or less).....25		\$
	26. TOTAL TAX DUE. ADD LINES 24 & 25. PLEASE MAKE CHECKS PAYABLE TO TIFFIN INCOME TAX DEPT.26		\$

CREDIT CARD INFORMATION FOR PAYMENT - (CHECK ONE) Visa MasterCard Discover Convenience fee of \$3.50 charged on all credit card payments

ACCOUNT NUMBER _____
 SECURITY CODE _____ CARD EXPIRATION _____

TOTAL AMOUNT PAID \$ _____
(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.

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)
1. SCHEDULE C - BUSINESS INCOME (Attach copy of form and any referenced schedules)		
2. 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)		
4. 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).....	\$ _____	k. Capital gains (Excluding Ordinary Gains).....	\$ _____
b. Expenses incurred in the production of non-taxable income ...	_____	l. Interest Income.....	_____
c. Taxes based on income (Including Franchise Tax).....	_____	m. Dividend Income.....	_____
d. Net operating loss carry forward from Federal Return.....	_____	n. Section 179 Deduction.....	_____
e. Amounts paid or accrued on behalf of owners/partners for qualified self employed retirement plans, health insurance and/or life insurance.....	_____	o. Other (explain).....	_____
f. Officers Compensation not included in W-2 wages.....	_____	_____
g. Other expenses not deductible (explain).....	_____	_____
h. Total additions (enter on Line 28a)	\$ _____	p. Total Deductions (enter on Line 28b)	\$ _____

SCHEDULE Y BUSINESS ALLOCATION FORMULA

	a. LOCATED EVERYWHERE	b. LOCATED IN TIFFIN	c. PERCENTAGE (b + a)
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)			Carry to Line 31b below _____ %

27. Total from Schedule of Income Other than Wages above (Line 6A).....	\$ _____
28. a. Items Not Deductible.....	ADD \$ _____
b. Items Not Taxable.....	DEDUCT \$ _____
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 Losses only (See instructions for limitations. Schedule must be attached.).....	_____
31. a. Adjusted Net Income after NOL Carryforward (Line 29 minus 30).....	\$ _____
b. Amount allocable to Tiffin If Schedule Y is used then, _____% of Line 31a.....	\$ _____
32. Amount subject to Tiffin Income Tax (Carry to Page1, Line 3 but not less than -0).....	\$ _____

EXEMPTION CERTIFICATE (Signature is required on page 1)

I have no taxable income because of the reason indicated below:

- RETIRED – I received only pension, Social Security and/or interest or dividend income for the entire year.
- 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 _____. (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.)