2019 TIFFIN INCOME TAX RETURN то

FOR CALENDAR YEAR 2019 OR FISCAL PERIOD

CALENDAR YEAR TAXPAYERS FILE BY APRIL 15, 2020. FISCAL TAXPAYERS FILE BY 15TH DAY OF 4TH MONTH AFTER FISCAL YEAR END

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

FILING REQUIRED EVEN IF NO TAX IS DUE

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

(419) 448-5406 FAX IF YOU MOVED OR HAD ANY CHANGE IN STATUS DURING 2019, COMPLETE THE FOLLOWING: Date moved into Tiffin

MAIL TO: City of Tiffin Income tax

53 East Market Street

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

Pre	viou	IS /	٩dd	ress	_

Date moved out of Tiffin _____

*If name change, give previous name_____

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

W-2 WOR	KSHEET	[6
COPIES OF ALL	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		5 Ther City Tax Withheld	6 CREDIT ALLOWED FOR OTHER CITIES (SEE INSTRUCTIONS)
UF ALL W2s, 1099s,					,		
& FEDERAL							
TAX RETURN							
MUST BE							
ATTACHED		TOTALS					
	ATTACH A	COPY OF 1040, ALL APPLICA	BLE W-2S, FEDERAL S	CHEDULES, EXPLAN	ATIONS ETC		
INCOME	1. T	otal W-2 wages from column 3	(If active military, see inst	ructions.)	1	\$	
		liscellaneous Income (See instr		,			
		ncome from other than wages (f					
	4. T	OTAL TIFFIN INCOME. ADD LI	INES 1, 2 AND 3		4	\$	
ΤΑΧ	5. T	IFFIN INCOME TAX. MULTIPL	Y LINE 4 BY 2% (.02)		5	\$	
ΤΑΧ		iffin income tax withheld from c				_	
WITHHELD,		Prior year credits				_	
PAYMENTS		stimated payments				_	
AND		Credit for tax withheld to other ci				_	
CREDITS		Credit for nondeductible expense	(,			
UNEDITO		OTAL PAYMENTS AND CREDI					
BALANCE		BALANCE DUE. If line 5 is more					
DUE,		ate filing and late payment per					
REFUND		nterest. 0.583% per month, if ap OTAL DUE. Add lines 12 throug					
OR		OVERPAYMENT. If line 5 is less			.00 01 1855)	φ	
		MOUNT FROM LINE 16 TO BE				-	
CREDIT		MOUNT FROM LINE 16 TO BE		,		-	
		ECLARATION OF ESTIMATE			are required by law t	o set up and	l pay
ESTIMATE	19. T	otal estimated income subject to	o tax \$ M	ultiply by tax rate of 2.0	0% (.02)19	\$	
FOR	20. S	Subtract any estimated income t	ax to be withheld or paid	to other cities		\$	
NEXT		Balance of city income tax decla					
YEAR	22. T	ax due before credits. Enter at	least 25% of line 21			\$	
	23. L	ess credits. Enter line 18 from a	above		23	\$	
		let estimated tax due. Subtract					
TAX DUE		inter balance due from line 15 a					
	26. T	OTAL TAX DUE. ADD LINES 24 & 25. P	LEASE MAKE CHECKS PAYABL	E TO TIFFIN INCOME TAX D	EPT26	\$	
CREDIT CARD INFORMATION FOR PAYMENT - (CHECK ONE) Visa MasterCard Discover Convenience fee of \$3.50 charged on all credit card payments							
SECURITY	CODE	CARD EXPIRA	TION	TO	TAL AMOUNT PAID \$_	(Line 26+ \$3	3.50)
The undersign	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 OTH	ER THAN TAXPAYER	DATE	SIGNATURE OF TAXPAYER			DATE

SIGNATURE OF SPOUSE (IF JOINT RETURN)

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) 		
 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)		
 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		ICTIBI	
	IVUT	DEDU	лоны	

ADD

a.	Capital Losses (Excluding Ordinary Losses)	\$	
b.	Expenses incurred in the production of non-taxable income		
c.	Taxes based on income (Including Franchise Tax)		
d.	Net operating loss carry forward from Federal Return		
e.	Amounts paid or accrued on behalf of owners/partners for qualifier retirement plans, health insurance and/or life insurance	ed s	elf employed
f.	Officers Compensation not included in W-2 wages		
g.	Other expenses not deductible (explain)		
h.	Total additions (enter on Line 28a)	\$	

DEDUCT

\$

ITEMS NOT TAXABLE

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 STEP 3 STEP 4	Gross receipts from sales made and/or work or services performed Wages, salaries, and other compensation paid Total percentages			% %
STEP 5	Average percentage (Divide Total Percentages by Number of Percentages U	sed)		Carry to Line 31b below%

27.	Total from Schedule of Income Other than Wages above (Line 6A)	\$
28.		
29.	Adjusted Current Net Income (Loss) (See instructions)	\$
30.	Enter Allowable NOL Carryforward - 2017 & 2018 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.)