

FILE WITH
INCOME TAX DEPARTMENT
P.O. BOX 518
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2011

TIFFIN INCOME TAX RETURN

ALL FULL OR PARTIAL YEAR RESIDENTS OF TIFFIN MUST FILE A RETURN, EVEN IF TAX HAS BEEN WITHHELD.

IF YOU MOVED INTO OR OUTSIDE THE CITY LIMITS DURING THE TAX YEAR, STATE DATE

ATTACH ALL W-2's AND APPROPRIATE FEDERAL SCHEDULES TO BACK SIDE OF TAX RETURN

FOR USE BY ALL TAXPAYERS ON A CALENDAR YEAR BASIS OR OTHER

TAXABLE PERIOD BEGINNING _____ AND ENDING _____

CALENDAR YEAR TAXPAYERS FILE ON OR BEFORE APRIL 15, 2012

FISCAL YEARS NEED TO FILE WITHIN 4 MONTHS OF ENDING DATE.

MAKE CHECKS AND MONEY ORDERS PAYABLE TO CITY OF TIFFIN

IF TAXPAYER AND SPOUSE ARE FULLY RETIRED AND WITHOUT TAXABLE INCOME, PLACE AN "X" IN THIS BOX, SIGN, DATE AND RETURN FORM BY DUE DATE.

CHECK APPROPRIATE BOX BELOW

INTO TIFFIN OUT OF TIFFIN

YOUR TELEPHONE NUMBER _____

FILING STATUS

SINGLE MARRIED FILING JOINT

MARRIED FILING SEPARATE

SPOUSE NAME IF FILING SEPARATE _____

SOCIAL SECURITY NUMBER _____

TAXPAYER _____

SPOUSE _____

FEDERAL I.D. NO. (BUSINESS) _____

IF YOU RENT, PLEASE GIVE NAME AND ADDRESS OF LANDLORD.

NAME _____

ADDRESS _____

IF NAME OR ADDRESS IS INCORRECT PLEASE MAKE ADJUSTMENT _____

1. ENTER DIRECTLY BELOW THE TOTAL OF ALL W-2 MEDICARE WAGES (BOX 5), SALARIES, TIPS AND OTHER EMPLOYEE COMPENSATION, INCLUDING SICK PAY PAID BY A THIRD PARTY, SUCH AS BY AN INSURANCE COMPANY. (ATTACH ALL W-2 FORMS.)

COLUMN 1 PRINT EMPLOYER'S NAME	COLUMN 2 TIFFIN TAX W/H	OTHER CITY TAX W/H NOT TO EXCEED 1 3/4% COLUMN 3 NAME OF OTHER CITY	COLUMN 4 AMOUNT OF TAX W/H	COLUMN 5 MEDICARE WAGES / ETC.
TOTAL TIFFIN TAX W/H	\$	TOTAL OTHER CITY TAX W/H.....	\$	

TOTAL WAGES IN COLUMN 5	(1)	\$
2. ENTER 1099-MISC. NOT TO BE CONFUSED WITH 1099 (G, R, INT., OR DIV) AND/OR W-2G INCOME		
IMPORTANT -- REFER TO INSTRUCTIONS FOR PREPARING TIFFIN CITY INCOME TAX RETURN FOR LINE 2	(2)	\$
3. INCOME OTHER THAN WAGES FROM LINE 29 FROM PAGE 2 OF THIS FORM	(3)	\$
4. TOTAL INCOME (LINES 1, 2, 3)	(4)	\$
5. TIFFIN INCOME TAX 1 3/4% (.0175) OF LINE 4	(5)	\$

6. CREDITS		
(A) TIFFIN CITY TAX WITHHELD BY EMPLOYER(S). (TOTAL FROM COLUMN 2 ABOVE)	\$	
(B) PRIOR YEAR CREDIT (DO NOT ROUND)	\$	
(C) ESTIMATED TAX PAID (DO NOT ROUND)	\$	
(D) TAX PAID TO OTHER CITIES/NOT TO EXCEED 1 3/4%. (TOTAL FROM COLUMN 4 ABOVE)	\$	
(E) TOTAL CREDITS ALLOWED (ADD LINES A, B, C, AND D) (DO NOT ROUND)	(6)	\$

7. 2010 TAX DUE (LINE 5 LESS LINE 6 E) (AMOUNTS OF LESS THAN ONE DOLLAR (\$1.00) SHALL NOT BE COLLECTED OR REFUNDED) ...	(7)	\$
7a. PENALTY FOR FILING AFTER DUE DATE, ADD \$25.00 PLUS INTEREST (SEE GENERAL INFORMATION PENALTY & INTEREST SECTION) ..	(7a)	\$
8. AMOUNT PAYABLE TO THE CITY OF TIFFIN INCOME TAX (PAYMENT IN FULL MUST ACCOMPANY THIS FORM)	(8)	\$

CREDIT CARD PAYMENTS: Convenience Fee of \$3.50 charged on all credit card payments



CARD #

EXP. DATE _____

ENTER PIN NUMBER FROM SIGNATURE LINE ON REVERSE SIDE OF CARD

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9. OVERPAYMENT CLAIMED \$ _____ CREDIT TO NEXT YEAR DECLARATION <input type="checkbox"/> REFUND <input type="checkbox"/>	AMOUNT _____	SIGNATURE _____
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DECLARATION OF ESTIMATED TAX FOR YEAR 2012

DO NOT COMPLETE THIS SECTION IF ALL TAX IS TO BE WITHHELD

NOTE: BEFORE PROCEEDING WITH THIS DECLARATION OF ESTIMATED TAX SECTION, REFER TO INSTRUCTIONS PAGE FOR IMPORTANT CHANGES IN PREPARING ESTIMATES.

10. ESTIMATED TAX DUE. REFER TO LINE 10 OF INSTRUCTIONS	(10)	\$
11. ENTER 1/4 OF THE AMOUNT IN LINE 10	(11)	\$
12. SUBTRACT OVERPAYMENT FROM PRIOR YEAR: ENTER AMOUNT FROM LINE 9 TO BE CREDITED TO THIS ESTIMATE	(12)	\$
13. ENTER AMOUNT TO BE PAID WITH THIS DECLARATION	(13)	\$
14. TOTAL AMT. DUE: TAX FOR 2011 (LINE 8) \$ _____ PLUS AMOUNT OF 2012 EST. TAX DUE (LINE 13) \$ _____ =	(14)	\$

I CERTIFY THAT I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS CORRECT AND COMPLETE.

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

SIGNATURE OF PERSON PREPARING IF OTHER THAN TAXPAYER _____ DATE _____

X
SIGNATURE OF TAXPAYER _____ DATE _____

ADDRESS _____ PHONE NO. _____

X
SIGNATURE OF SPOUSE _____ DATE _____

ATTACH ALL W-2'S AND FEDERAL SCHEDULES HERE
SCHEDULE C - PROFIT (or Loss) FROM BUSINESS OR PROFESSION

1. TOTAL RECEIPTS, LESS ALLOWANCES, REBATES AND RETURNS
2. LESS: (a) COST OF GOODS SOLD, OR (b) COST OF OPERATIONS, WHICHEVER IS APPLICABLE
3. GROSS PROFIT FROM SALES, ETC. (LINE 1 LESS LINE 2)
4. RENTS RECEIVED, IF CONNECTED WITH TRADE OF BUSINESS
5. DIVIDENDS \$; INTEREST \$; ROYALTIES \$
6. OTHER BUSINESS INCOME (SPECIFY)
7. TOTAL BUSINESS INCOME BEFORE DEDUCTIONS
BUSINESS DEDUCTIONS
8. COMPENSATION OF OFFICERS
9. SALARIES AND WAGES NOT DEDUCTED ELSEWHERE
10. PAYMENTS TO PARTNERS
11. RENTS (PAID TO)
12. INTEREST ON BUSINESS INDEBTEDNESS
13.a. CITY INCOME TAXES ON BUSINESS
b. OTHER BUSINESS TAXES
14. UTILITIES
15. INSURANCE
16. DEPRECIATION, AMORTIZATION, DEPLETION
17. REPAIRS
18. ADVERTISING AND PROMOTION
19. AUTO, TRUCK AND TRAVEL
20. OTHER
21. TOTAL BUSINESS DEDUCTIONS (TOTAL OF LINES 8 TO 20)
22. NET PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION (LINE 7 LESS LINE 21)

SCHEDULES E & F - INCOME FROM RENTS OR FARM (If not included in Schedule C)

Table with 6 columns: Kind and Location of Property, Gross Rent or Farm Income, Depreciation, Repairs, Other Expenses, Net Income (or loss)

23. TOTAL INCOME (OR LOSS) SCHEDULE E & F

24. NET PROFIT (OR LOSS) FROM BUSINESS, PARTNERSHIP, PROFESSION OR CORPORATION
(TOTAL LINE 22 ABOVE OR MAY SUBSTITUTE FEDERAL SCH. "C," 1065, 1120, 1120S, 1120A OR K-1)
25. ADJUSTMENT FROM SCHEDULE X. ADD F. \$ DEDUCT M. \$ (+ OR -)
26. TOTAL AFTER ADJUSTMENT
27. AMOUNT ALLOCABLE TO TIFFIN. IF SCHEDULE "Y" IS USED % OF LINE 26
28. NET PROFIT (OR LOSS) FROM FARM INCOME, RENTAL PROPERTY. (TOTAL LINE 23 ABOVE OR MAY SUBSTITUTE FEDERAL SCHEDULE E OR F)
29. TOTAL NET PROFIT (OR LOSS) FROM BUSINESS ACTIVITIES. (LINE 26, 27, AND/OR 28) IF LOSS. WRITE "LOSS"

(ENTER TOTAL OF LINE 29 ON LINE 3 ON FRONT OF THIS RETURN, UNLESS THE RESULT IS A NEGATIVE FIGURE, THEN WRITE THE WORD "LOSS" ON LINE 3)

NOTE: LOSS FROM BUSINESS ACTIVITY MAY NOT BE USED AS A DEDUCTION FROM WAGE/SALARY TYPE EARNINGS.

SCHEDULE X RECONCILIATION WITH FEDERAL INCOME TAX RETURN
ITEMS NOT DEDUCTIBLE ITEMS NOT TAXABLE

A. CAPITAL LOSS (EXCLUDING ORDINARY LOSSES)
B. 5% OF INTANGIBLE INCOME INCLUDED IN I, J, K
C. TAXES BASED ON INCOME
D. NET OPERATING LOSS DEDUCTION PER FED. RETURN
E. PAYMENT TO PARTNERS
F. OTHER EXPENSES NOT DEDUCTIBLE (EXPLAIN)
G. (ENTER ON LINE 25 PAGE 2 THIS RETURN) TOTAL \$
H. CAPITAL GAINS (EXCLUDING ORDINARY GAINS)
I. INTEREST INCOME
J. DIVIDENDS
K. INCOME FROM PATENTS AND COPYRIGHTS
L. UNREIMBURSED TRAVEL EXPENSE (ATTACH FORM 2106)
M. SCH C MEDICAL CARE INSURANCE PREMIUMS (ATTACH 1040 PAGE 1)
N. OTHER INCOME EXEMPT FROM TIFFIN TAX (EXPLAIN)
O. (ENTER ON LINE 25 PAGE 2 THIS RETURN) TOTAL \$

SCHEDULE Y FOR PROPER ALLOCATION, COMPLETE ALL STEPS

A. LOCATED EVERYWHERE B. LOCATED IN TIFFIN C. PERCENTAGE (B / A)

STEP 1. AVERAGE VALUE OF REAL AND TANGIBLE PERSONAL PROPERTY AND / OR GROSS AMOUNT RENTALS PAID MULTIPLIED BY 8
STEP 2. GROSS RECEIPTS FROM SALES MADE AND / OR WORK OR SERVICES PERFORMED
STEP 3. WAGES, SALARIES, ETC. PAID
STEP 4. TOTAL PERCENTAGES
STEP 5. AVERAGE PERCENTAGE (DIVIDE TOTAL PERCENTAGES BY NUMBER OF PERCENTAGES USED - CARRY TO LINE 27 ABOVE .. %