



CITY OF ORRVILLE, OHIO
DIVISION OF TAXATION
P.O. Box 61 \* Orrville, OH 44667
PH: 330.684.5008
Fax: 330.684.5023

INDIVIDUAL
INCOME TAX RETURN 2017
Due on or before April 17, 2018

Primary social security number

[Empty box for primary social security number]

this box for internal use only

Secondary social security number

[Empty box for secondary social security number]

TAXPAYER NAME (S)
ADDRESS

Resident Date moved in
Part Year Resident Date moved out

List change of address since 1/1/17

Do you own this property? Yes or No If No, then list name and address of Landlord,

FILING STATUS
Single
Married, filing joint return (even if only one had income). Did you file a joint return last year? Yes No
Married, filing separate return. Enter spouse's social security number above and full name here.

ALL APPROPRIATE W-2'S, FEDERAL SCHEDULES, EXPLANATIONS MUST BE ATTACHED

INCOME
1. Total Qualifying wages (attach W-2 forms). For multiple W-2's complete Worksheet A on page 2
2. Other Income. From Federal Schedule C, E, F, K-1, 1099-Misc
3. Total Income. ADD LINES 1 and 2 (losses on line 2 may not offset W-2 income on line 1)
4. Adjustments
5. Total Taxable Income (Add Lines 3 and 4)

TAX
6. ORRVILLE INCOME TAX MULTIPLY LINE 5 BY 1.0% (0.01)

TAX WITHHELD, PAYMENT AND CREDITS
7. Orrville City Income Tax Withheld (Worksheet A, col. 3, line E)
8. Credit for taxes withheld to other cities (not to exceed 1.0% of taxed Income)-Worksheet A, col. 5, line E
9. Other local taxes paid
10. Estimated tax payments
11. Prior year credits
12. Total Payments and Credits allowable (Add lines 7 thru 11)

BALANCE DUE
13. BALANCE - TAX DUE. (Subtract Line 12 from Line 6) - If tax due is less than \$10.00, then no tax is due.
14. Penalty. Late filing fee (\$25.00)
15. Interest
16. Total Amount Due; add lines 13, 14 and 15. (Make check payable to City of Orrville)

REFUND OR CREDIT
17. OVERPAYMENT. If line 6 is less than line 12, enter overpayment here
18. Amount from line 13 to be REFUNDED. (Amounts less than \$10.00 will not be refunded)
19. Amount from line 13 to be CREDITED to next year. (Amounts less than \$10.00 will not be credited)

DECLARATION OF ESTIMATED TAX FOR 2018 - DUE APRIL 17, 2018 Voucher 1

ESTIMATE FOR NEXT YEAR
20. Total estimated income subject to tax
21. Estimated Tax due to Orrville. (Multiply line 20 by 1.0%, 0.01)
22. Subtract any estimated income tax to be withheld or paid to other cities
23. Estimated tax due (subtract line 22 from line 21). If net estimated tax is more than \$ 200, estimated payments are required
24. Enter credit from line 19 above
25. Subtract line 19 from line 23

TAX DUE
26. Amount due with the declaration (Not less than 1/4 of line 25)
27. Total of payment (Line 16 + Line 26) Payable to City of Orrville

The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the tax 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

NAME AND ADDRESS OF PREPARER TELEPHONE NUMBER

SIGNATURE OF TAXPAYER DATE

SIGNATURE OF SPOUSE (IF JOINT RETURN) TELEPHONE NUMBER

File this form with the

CITY OF ORRVILLE, OHIO
DIVISION OF TAXATION
P.O. Box 61
Orrville, OH 44667
PH: 330.684.5008

All appropriate Federal schedules must be attached. A return is not complete unless such schedules are included

TAXPAYER NAME (S) \_\_\_\_\_ ACCT# / SSN \_\_\_\_\_

**WORKSHEET A – QUALIFYING WAGES, TIPS AND OTHER EMPLOYEE COMPENSATION**

	Column 1	Column 2	Column 3	Column 4	Column 5
	CITY WHERE EMPLOYED	BOX 5 WAGES FROM W-2	ORRVILLE CITY TAX WITHHELD	OTHER CITY TAX WITHHELD	CREDIT FOR TAXES WITHHELD TO OTHER CITY (limited to 1% of taxed income)
A.					
B.					
C.					
D.					
E.	<b>TOTALS</b>				

ENTER TOTALS FROM LINE "E" ON: PAGE 1 - Line 1 PAGE 1 - Line 7 PAGE 1 - Line 8

**SCHEDULE C – (If taxes paid to other cities, other cities returns must be attached)**

Business Name \_\_\_\_\_ Business Address \_\_\_\_\_  
 Kind of Business \_\_\_\_\_ Date Started \_\_\_\_\_ Date Ended \_\_\_\_\_

- A. Net Profit or Loss [Attach Federal Schedule C (s)] ..... \$ \_\_\_\_\_
- B. Percentage Amount Allocable to Orrville (non-residents must complete Schedule Y, residents enter 100%)..... \_\_\_\_\_
- C. Amount subject to tax. Multiply A times B..... **Total (1)** \$ \_\_\_\_\_

The net loss from an unincorporated business activity may not be used offset salaries, wages, commissions or other compensation. However, if a taxpayer is engaged in two or more taxable business activities to be included on the same return, the net loss of one unincorporated business activity (except any portion of a loss separately reportable for municipal tax purposes to another taxing entity) may be used to offset the profits of another for purposes of arriving at overall net profits.

**SCHEDULE E – INCOME FROM RENTS (List rental property address)**

**Net Profit or (Loss)**

E1	_____	\$ _____
E2	_____	\$ _____
E3	_____	\$ _____
E4	_____	\$ _____
E5	_____	\$ _____
E6	RENTALS by RESIDENT and NON-RESIDENT *Orrville residents report on all properties. *Non-residents report on all properties located in Orrville.	\$ _____
E7	<b>RENTAL TOTALS (Add the 2 lines from E6)</b> .....	<b>Total (2)</b> \$ _____

Attach copies of Federal Schedules E

**SCHEDULE O – OTHER INCOME FROM PARTNERSHIPS, ESTATES, TRUSTS, FEES, TIPS, LOTTERY, PRIZES, ETC. (Attach Federal Schedules)**

RECEIVED FROM NAME/I.D. NUMBER	FOR (DESCRIPTION AND/OR LOCATION) (APPLICABLE LOSSES W/O EXACT LOCATIONS WILL BE DISALLOWED)	AMOUNT
A.		\$ _____
B		\$ _____
	<b>Total (3)</b>	\$ _____
(Add <b>Total Lines 1</b> Schedule C, <b>Total Line 2</b> Schedule E <b>Total Line 3</b> Schedule O) = <b>TOTAL OTHER INCOME</b> then enter on Page 1, Line 2		\$ _____

**INDIVIDUAL SCHEDULE Y – REQUIRED CALCULATION OF NET PROFIT FOR MULTI-CITY ALLOCATION - APPLICABLE TO NON-RESIDENTS ONLY**

a. Located Everywhere      b. Located in Orrville      c. Percentage –b/a

STEP 1.	Average Original cost of Real and Tangible Personal Property .....	_____	_____	_____
	Gross Amount Rentals Paid Multiplied by 8 .....	_____	_____	_____
	Total STEP 1- Schedule Y .....	_____	_____	_____
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 % (Divide Total Percentages by number of Percentages Used – Carry to Schedule C, Line B.....	_____	_____	_____