TAX OFFICE HOURS:
Monday thru Friday: 8:30am - 4:00pm. or by appointment

Assistance is available at the Tax Office,
526 N. Webster St.
Gibsonburg, Ohio 43431
419-637-6004

THIS IS NOT A FEDERAL RETURN

INCOME TAX RETURN 2015

GIBSONBURG, OHIO INCOME TAX
FOR THE CALENDAR YEAR 2015
FOR FISCAL YEAR BEGINNING _____ , ENDING _____

This return must comply with Ordinance 839, as amended, and with its supplemental regulations.

ALL RESIDENTS MUST FILE A TAX RETURN UNLESS THEY ARE RETIRED WITH NO TAXABLE INCOME.

PLEASE INSERT NAME & ADDRESS

NAME: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

(LIST BOTH NAMES & SOCIAL SECURITY NUMBERS IF FILING A JOINT RETURN)

Taxpayer Social Security No. _____

Spouse Social Security No. _____

If you moved: Into Gibsonburg on _____
From Gibsonburg _____

List any year that IRS changed your taxable income _____

Will you have taxable income for 2016? No ☐ Yes ☐

SCHEDULE A

ENTER YOUR TOTAL WAGES, salaries, bonuses, incentive payments, commissions BEFORE ANY PAYROLL DEDUCTIONS, received between January 1st and December 31 from each employer or source. INCLUDE SICK PAY that is paid by employer and amounts deducted as Federal Tax Sheltered Annuities or Deferred Compensation. **(ROUND TO NEAREST DOLLAR)**

(A1) Name of Employer	(A2) City or Twp. Where Employed	(A3) Gibsonburg Tax Withheld	(A4) Total Wages
		$ .00	.00
		.00	.00
		.00	.00
		.00	.00
		.00	.00
****STAPLE FORMS W-2 ACROSS TOP, REAR.****	TOTAL	$ .00	$ XXXXXXXXXXXXX

1.	Total Wages. ..... (1)		$ .00
2.	Other Income (Lottery & Gambling winnings) and (from page 2 or Federal Income Schedules attached) ..... (2)		$ .00
3.	Total Income..... (3)		$ .00
4.	Gibsonburg Income Tax, 1% of line 3 ..... (4)		$ .00
5.	Tax Credits: (a) Gibsonburg Tax Withheld	$ .00	
	(b) Prior year credit	$ .00	
	(c) Estimates paid	$ .00	
	Total Credit (5a + 5b + 5c) ..... (5)		$ .00
6.	Line 4 Less Line 5 (If minus figures, enter on line 9 and mark disposition) ..... (6)		$ .00
7.	Additional Charges (a) Interest (1.5% per month of Line 6)	$ .00	
	(b) Penalty (1.5% per month of Line 6)	$ .00	
	(c) Late filing Penalty ($15.00 in addition to lines 7a & 7b if filed late	$ .00	
	(d) Total of lines (7a, 7b, & 7c) ..... (7)		$ .00
8.	TOTAL DUE: (Line 6 plus line 7) - Make check payable to GIBSONBURG VILLAGE INCOME TAX. DUE WITH RETURN ..... (8)		$ .00
9.	Overpayment: Credit on next year's return: Estimate: $ _____ Refund $ _____ ..... (9)		$ .00

FILE THIS RETURN WITH INCOME TAX DEPARTMENT, 526 N. WEBSTER ST., GIBSONBURG, OHIO 43431 ON OR BEFORE APRIL 18, 2016

IF RENT IS PAID OR RECEIVED, STATE TO OR FROM WHOM:

The undersigned declares 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, and if an audit of Federal return is made which affects tax liablilty shown on this return, an amended return wil be filed within three months.

☐ CHECK BOX IF WE MAY DISCUSS THIS RETURN WITH YOUR PREPARER.

_____ **X** _____

Signature of person preparing this return other than taxpayer — Signature — (Title) — (Date)

_____ **XX** _____

Name and Address of Firm or Employer — Signature — Telephone

DISREGARD THIS PAGE IF ENTIRE TAXABLE INCOME IS FROM SALARIES AND WAGES.
Note: A copy of the appropriate Federal Schedule is encuraged for Schedules C and E, and is required for Schedules D, F, and Z

SCHEDULE C Profit (Loss) from Business or Profession

Name _____ Address _____ Type of Busines _____

1. Total Receipts, less Allowances, Rebates and Returns ..... $ _____
2. Less (a) Cost of Goods Sold, or (b) Cost of Operations, whichever is applicable (Indicate labor charges included) ..... _____
3. Gross Profits from Sales, etc., (line 1 less line 2) ..... _____
4. Dividends $ _____ ; Interest $ _____ ; Royalities $ _____ ..... _____
5. Rents Received, If Connected with Trade or Business ..... _____
6. Other Business Income (Specify) ..... _____
7. Total Business Income Before Deductions ..... $ _____

BUSINESS DEDUCTIONS

8. Compensation of Officers ..... $ _____
9. Salaries andWages Not Deducted Elsewhere ..... _____
10. Rents ..... _____
11. Interest or Business Indebtedness ..... _____
12. City Income Taxes on Business ..... _____
13. Other Business Taxes ..... _____
14. Bad Debts ..... _____
15. Depreciation, Amortization, Depletion ..... _____
16. Repairs ..... _____
17. Commissions (Attach 1099) ..... _____
18. Subcontracts (Attach List ..... _____
19. Other ..... _____
20. ..... _____
21. ..... _____
22. ..... _____
23. ..... _____
24. ..... _____
25. ..... _____
26. ..... _____
27. ..... _____
28. ..... _____
29. ..... _____
30. ..... _____
31. Total Business Deduction (total of lines 8 to 30) $ _____
32. Net Profit (Loss) ..... $ _____

*Landlord's Name and Address _____

SCHEDULE D Total from Federal Schedule (attach copy)

$ _____

SCHEDULE E Rental and other Income

Location of Property	Amount of Rent	Depreciation	Repairs	Other Expenses	Net Income
_____	$ _____	$ _____	$ _____	$ _____	$ _____
_____	$ _____	$ _____	$ _____	$ _____	$ _____
Totals	$ _____	$ _____	$ _____	$ _____	$ _____

Other Income – Partnerships, Commissions, Fees, Tips, Etc. (Do not include interest or dividends.)

Received From	For (describe)		
_____	_____	$ _____	
_____	_____	$ _____	$ _____

SCHEDULE F Farm Income Attach Copy of Federal Schedule F or 4835

Location of Farm _____ Total Income (or Loss) Schedule F $ _____

TOTALS Schedules C, D, E & F ..... **$** _____

SCHEDULE Y Business Allocation Formula

		a. Located Everywhere	b. Located in This Municipality	c. Percentage (b ÷ a)
STEP 1.	Average Value of Real & Tangible Personal Property	_____	_____	_____ %
	Gross Amount Rentals Paid Multiplied by 8	_____	_____	_____ %
	TOTAL STEP 1	_____	_____	_____ %
STEP 2.	Gross Receipts From Sales Made and/or Work or Services Performed (see instructions)	_____	_____	_____ %
STEP 3.	Wages, Salaries, and Other Compensation Paid	_____	_____	_____ %
STEP 4.	Total Percentages	_____	_____	_____ %

STEP 5. Average Percentage (Divide Total Percentages by Number of Percentages Used) ..... _____ %

SCHEDULE Z Partnership Entity – Taxable Income Fed. Form 1065 including Schedules must be provided

$ _____