

File with

Newton Falls Income Tax Office

419 N. Center Street

Newton Falls, Ohio 44444

(330) 872-0080 • Fax (330) 872-1010

Make Checks and Money Orders

Payable to

Newton Falls Income Tax

Notify Income Tax Department promptly of any change in Name & Address

NEWTON FALLS INCOME TAX RETURN

OR

Fiscal Period _____ to _____
CALENDAR YEAR TAXPAYERS FILE ON OR BEFORE APRIL 15

FOR INCOME TAX DEPARTMENT USE ONLY

DO NOT WRITE IN THIS SPACE

TAX DUE _____ CASH
INTEREST _____
PENALTY _____ CHECK
TOTAL _____
PAID WITH THIS RETURN _____
BALANCE DUE _____ CHECKNO.
AUDITED BY
REFUND

RESIDENT [] NON-RESIDENT []

CHECK YOUR STATUS AS A TAXPAYER

[] EMPLOYEE [] PROFESSIONAL
[] PROPRIETOR [] PARTNER
[] CORPORATION [] OTHER

DO YOU FILE A RETURN LAST YEAR?

YES [] NO []

WERE YOU A NEWTON FALLS RESIDENT FOR THE ENTIRE YEAR? YES [] NO []
IF NO, ENTER PERIOD OF NEWTON FALLS RESIDENCE FROM [] [] [] TO [] [] []
SOCIAL SECURITY NUMBER (HUSBAND) _____ (WIFE) _____
CURRENT EMPLOYER (HUSBAND) _____ (WIFE) _____

IF YOU RENT PLEASE GIVE NAME AND ADDRESS OF LANDLORD

NAME _____
ADDRESS _____
CITY _____

ATTACH COPIES OF FEDERAL SCHEDULES AND/OR W-2'S

Table with 2 main columns: Description and Amount. Rows include: 1. WAGES, SALARIES, TIPS & OTHER COMPENSATION; 2. OTHER LOSSES CAN NOT BE DEDUCTED FROM W-2 WAGES; 3. TAXABLE INCOME; 4. TAX DUE 1% OF LINE 3; 5. CREDITS; 6. BALANCE OF TAX DUE; 7. AMOUNT PAYABLE TO NEWTON FALLS INCOME TAX; 8. OVERPAYMENT CLAIMED; 9. AMOUNT OF LINE (8) DESIGNATED AS A CONTRIBUTION FOR: PARK & RECREATION, COMMUNITY CENTER, SENIOR CITIZEN VAN.

DECLARATION OF ESTIMATED NEWTON FALLS TAX

FOR CALENDAR YEAR OR OTHER TAXABLE PERIOD BEGINNING AND ENDING

Table with 2 main columns: Description and Amount. Rows include: 1. TOTAL INCOME SUBJECT TO NEWTON FALLS TAX; 2. LESS NEWTON FALLS TAX TO BE WITHHELD; 3. BALANCE ESTIMATED NEWTON FALLS TAX; 4. LESS CREDITS; 5. TAX DUE; 6. IF PAST DUE ADD: INTEREST AND PENALTY; 7. TOTAL AMOUNT DUE INCLUDING PENALTY AND INTEREST; 8. AMOUNT PAID WITH THIS ESTIMATE; 9. BALANCE OF ESTIMATED TAX DUE.

TOTAL AMOUNT PAID \$ FINAL (LINE7) + \$ ESTIMATE (LINE 8) =

I CERTIFY THAT I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATMENTS) AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE CORRECT AND COMPLETE. IF PREPARED BY A PERSON OTHER THAN TAXPAYER, THE DECLARATION IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE. CHECK THE BOX NEXT TO YOUR SIGNATURE TO AUTHORIZE US TO SPEAK DIRECTLY TO YOUR TAX PREPARER REGARDING YOUR TAX RETURN.

[] SIGNATURE OF TAXPAYER OR AGENT DATE SIGNATURE OF PERSON PREPARING IF OTHER THAN TAXPAYER DATE

PHONE

ADDRESS

PHONE

SECTION A	ATTACH APPROPRIATE FEDERAL SCHEDULE FOR INCOME FROM PARTNERSHIPS, BUSINESS, ESTATES, TRUSTS, FEES AND OTHER.		
RECEIVED FROM	FOR (DESCRIBE)	FEDERAL FORM(S) ATTACHED	AMOUNT
TOTAL BUSINESS INCOME (IF SCHEDULE X,Y, OR Z IS NOT APPLICABLE - TOTAL TO PAGE 1, LINE 2A)		ENTER SCHEDULE Z LINE 1 \$ _____	

SECTION B	RENTAL INCOME FROM FEDERAL SCHEDULE E
ATTACH COPY OF FEDERAL SCHEDULES	

SECTION C	INTEREST AND PENALTIES
<p>A. FOR FAILURE TO PAY TAXES DUE, OTHER THAN TAXES WITHHELD; ONE AND ONE HALF PERCENT (1 1/2% PER MONTH OR FRACTION THEREOF, OR \$20.00, WHICHEVER IS GREATER.</p> <p>B. ON A SUBSEQUENT OFFENSE WITHIN FIVE (5) YEARS, FOR FAILURE TO PAY TAXES DUE, OTHER THAN TAXES WITHHELD; ONE AND ONE HALF PERCENT (1 1/2%) PER MONTH OR FRACTION THEREOF, OR \$40.00, WHICHEVER IS GREATER.</p> <p>C. 1. THE MINIMUM PENALTY FOR FAILURE TO FILE A COMPLETE AND TIMELY TAX RETURN AS SPECIFIED IN SECTION 6 OF THIS ORDINANCE SHALL BE \$25.00 WHETHER OR NOT A TAX IS DUE. 2. A PENALTY OF \$50.00 SHALL BE ASSESSED FOR ANY SUBSEQUENT VIOLATION WITHIN FIVE (5) YEARS FROM THE DATE OF THE FIRST OFFENSE.</p> <p>D. 1. FAILURE TO FILE AN ESTIMATE BY APRIL 15 WILL RESULT IN A \$5.00 PENALTY. 90% OF THE ESTIMATED TAX LIABILITY MUST BE REMITTED BY DUE DATE OF 4TH QUARTER, OTHERWISE PENALTIES WILL BE ASSESSED. 2. FAILURE TO FILE AN ESTIMATE BY APRIL 15 OF ANY SUBSEQUENT YEAR FOR A PERIOD OF FIVE (5) YEARS THEREAFTER WILL RESULT IN A \$10.00 PENALTY.</p>	

SCHEDULE X	RECONCILIATION WITH FEDERAL INCOME TAX RETURN		
ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	
DEDUCT		DEDUCT	
A. CAPITAL LOSS _____	\$ _____	G. CAPITAL GAINS _____	\$ _____
B. EXPENSES INCURRED IN THE PRODUCTION OF NON-TAXABLE INCOME _____	\$ _____	H. INTEREST INCOME _____	\$ _____
C. CITY OR STATE INCOME TAXES _____	\$ _____	I. DIVIDENDS _____	\$ _____
D. PAYMENTS TO PARTNERS _____	\$ _____	J. OTHER (PROVIDE EXPLANATION) _____	\$ _____
E. OTHER (PROVIDE EXPLANATION) _____	\$ _____	K. TOTAL DEDUCTIONS (ENTER SCHEDULE Z LINE 2B) _____	\$ _____
F. TOTAL ADDITIONS (ENTER SCHEDULE Z LINE 2A) _____	\$ _____		

SECTION Y	BUSINESS APPORTIONMENT FORMULA		
	A. LOCATED EVERYWHERE	LOCATED IN NEWTON FALLS	C. PERCENTAGE (B+A)
STEP 1. ORIGINAL COST OF REAL AND TANGIBLE PERSONAL PROPERTY	_____	_____	
STEP 2. GROSS RECEIPTS FROM SALES MADE AND/OR WORK OR SERVICES PERFORMED	_____	_____	%
STEP 3. WAGES, SALARIES AND OTHER COMPENSATION PAID EMPLOYEES	_____	_____	%
STEP 4. TOTAL PERCENTAGES	_____	_____	%
STEP 5. AVERAGE PERCENTAGE (DIVIDE TOTAL PERCENTAGES BY NUMBER OF PERCENTAGES USED)			CARRY IN SCHEDULE Z LINE 3B _____ %

SCHEDULE Z		
1. BUSINESS INCOME _____		\$ _____
2. A. ITEMS NOT DEDUCTIBLE (SCHEDULE X, LINE F) _____	ADD \$ _____	
B. ITEMS NOT TAXABLE (SCHEDULE X, LINE K) _____	DEDUCT \$ _____	
C. ENTER EXCESS LINE 2A OR 2B _____		\$ _____
3. A. ADJUST NET INCOME (LINE 1 PLUS/MINUS LINE 2C) IF SCHEDULE Y IS USED _____ % OF LINE 3A		\$ _____
B. AMOUNT ALLOCABLE TO NEWTON FALLS IF SCHEDULE Y STEP 5 IS USED _____		\$ _____
4. TAXABLE BUSINESS INCOME; LINE 3A OR LINE 3B (ENTER ON PAGE 1 LINE 2A) _____		\$ _____