

File with
Newton Falls Income Tax Office
 419 N. Center Street
 Newton Falls, Ohio 44444
 (330) 872-0080 • Fax (330) 872-1065

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 OR THE IRS DUE DATE

**COPY OF FEDERAL 1040 REQUIRED
 FOR FILING VERIFICATION**

FOR INCOME TAX DEPARTMENT USE ONLY
 DO NOT WRITE IN THIS SPACE
 AUDITED BY _____
 BATCH NUMBER _____

RESIDENT NON-RESIDENT

CHECK YOUR STATUS AS A TAXPAYER
 EMPLOYEE PROFESSIONAL
 PROPRIETOR PARTNER
 CORPORATION OTHER

DID 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

MONTH	DAY	YEAR
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 TO

MONTH	DAY	YEAR
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 SOCIAL SECURITY NUMBER (HUSBAND) _____ (WIFE) _____
 CURRENT EMPLOYER (HUSBAND) _____ (WIFE) _____

IF YOU RENT PLEASE GIVE NAME AND ADDRESS OF LANDLORD
 NAME _____
 ADDRESS _____
 CITY _____

1	WAGES, SALARIES, TIPS & OTHER COMPENSATION (USE HIGHEST DOLLAR AMOUNT ON W-2'S AND ENCLOSE W-2 FORMS)	\$	
2	OTHER <u>LOSSES CAN NOT BE DEDUCTED FROM W-2 WAGES</u>		
	A. BUSINESS AND/OR RENTAL INCOME (ATTACH FEDERAL FORMS) PAGE 2 SECTION A AND/OR B	\$	
	B. MISC _____	\$	
	C. TOTAL OTHER INCOME _____		
3	TAXABLE INCOME (LINE 1 PLUS LINE 2C)	\$	
4	TAX DUE 1% OF LINE 3	\$	
5	CREDITS		
	A-TAXES WITHHELD BY EMPLOYERS (NOT TO EXCEED 1% UNLESS WITHHELD FOR NF PER W-2)	\$	
	B-ESTIMATED TAXES PAID TO NEWTON FALLS	\$	
	C-INCOME TAX CREDIT CARRIED FORWARD FROM PRIOR YEARS	\$	
	D-ESTIMATED TAXES PAID TO OTHER CITY AND/OR VILLAGE (ATTACH PROOF)	\$	
	E- TOTAL CREDITS _____	\$	
6	BALANCE OF TAX DUE IF LINE 4 IS GREATER THAN LINE 5E (IF GREATER THAN \$10.00)	\$	
6A	LATE FILE PENALTY (\$25 PER MONTH / \$150 MAXIMUM)	\$	
	LATE PAYMENT PENALTY (15% OF UNPAID BALANCE) INTEREST (.42% MONTHLY / 5% ANNUAL)	\$	
7	AMOUNT PAYABLE TO NEWTON FALLS INCOME TAX	\$	
8	OVERPAYMENT CLAIMED		TAX RATE 1% PAY THIS AMOUNT
	A. AMOUNT OF LINE (8) TO BE USED AS CREDIT FOR YEAR	\$	
	B. AMOUNT OF LINE (8) TO BE REFUNDED ISSUED IF GREATER THAN \$10.00	\$	

ATTACH COPIES OF FEDERAL SCHEDULES AND W-2'S

**DECLARATION OF ESTIMATED NEWTON FALLS TAX
 FOR CALENDAR YEAR OR OTHER TAXABLE PERIOD BEGINNING AND ENDING**

1.	TOTAL INCOME SUBJECT TO NEWTON FALLS TAX	\$	
2.	LESS NEWTON FALLS TAX TO BE WITHHELD, OR CITY OF (NOT TO EXCEED 1% FOR ANOTHER CITY)	\$	
3.	BALANCE ESTIMATED NEWTON FALLS TAX (AT 1%)	\$	
4.	LESS CREDITS:		
	A. OVERPAYMENT ON PREVIOUS YEAR'S RETURN	\$	
	B. PREVIOUS PAYMENTS IF THIS IS AN AMMENDED RETURN	\$	TOTAL
	C. OTHER (SPECIFY) _____	\$	CREDITS
5.	TAX DUE	\$	
6.	AMOUNT PAID WITH THIS ESTIMATE (NOT LESS THAN 22½% OF LINE 3 ON ESTIMATE)	\$	
7.	BALANCE OF ESTIMATED TAX DUE	\$	

TOTAL AMOUNT PAID \$ _____ FINAL (LINE 7) + \$ _____ ESTIMATE (LINE 6) = _____

A COPY OF YOUR FEDERAL EXTENSION IS REQUIRED AND MUST BE INCLUDED WITH THE FILING OF YOUR NF RETURN , OTHERWISE, PENALTIES WILL APPLY.

I CERTIFY THAT I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) 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 _____

CURRENT ADDRESS _____ 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	

SCHEDULE X		RECONCILIATION WITH FEDERAL INCOME TAX RETURN	
ITEMS NOT DEDUCTIBLE		ADD	ITEMS NOT TAXABLE
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	B. 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)	\$ _____