



File with
INCOME TAX DEPARTMENT
 610 W. Sycamore Street
 Coldwater, OH 45828-1662

Make Checks and Money Orders
 Payable To
 Coldwater - Income Tax

INCOME TAX RETURN
VILLAGE OF COLDWATER
 For Assistance Dial: (419) 678-2685

Fiscal Period _____ **to** _____
 CALENDAR YEAR TAXPAYERS FILE ON OR BEFORE APRIL 15
 FISCAL AND PARTIAL YEARS BY THE 15TH DAY OF 4TH MONTH
 FOLLOWING END OF THE PERIOD

Residency Status (check one)
 Resident
 Non-Resident _____
 Partial Year Resident
 From _____ To _____
 Final Return

Soc. Sec. #H _____
 Soc. Sec. #W _____
 Fed. I.D. # _____

IF ADDRESS IS INCORRECT, PLEASE MAKE CORRECTION

DUE APRIL 15TH

I AM NOT REQUIRED TO COMPLETE THIS TAX RETURN. PLEASE COMPLETE **SECTION NEAR BOTTOM AND SIGN.

1. Total Qualifying Wages earned or received (Add All W-2's and Attach ON BACK) If your only source of income is from wages, proceed to line 7). \$ _____
2. Income Other than Wages: **APPLICABLE LOSSES CAN BE DEDUCTED FROM COLDWATER W-2 WAGES** (Attach Federal Schedules, applicable 1099s, 5754, W-2G, etc: Do not include interest, dividends, unemployment or pensions). \$ _____
3. Adjustments from Schedule X-Reconciliation with Federal Income Tax Return (Back of Sheet - Line CC). \$ _____
4. Net amount subject to Income Tax (Total Line 1,2, plus or minus Line 3). \$ _____
5. Amount Apportioned to Coldwater - If Schedule Y (Back of Sheet) is Used (_____ % of Line 4). \$ _____
6. Allowable Loss Apportioned to Coldwater from Schedule W (5 year carry forward limit). \$ _____
7. **TOTAL TAXABLE INCOME** \$ _____
8. **COLDWATER TAX DUE (TAX RATE - 1%)** \$ _____
9. **CREDITS:** (County Income Tax [COIT] & School District Income Taxes are not deductible. Only municipal income taxes properly paid directly to the employing city or village are deductible. Other Village/City tax credit(s) claimed cannot exceed the tax assessed by the Village of Coldwater on the same income earned.)
 - A) Coldwater Tax Withheld By Employer(s) \$ _____
 - B) Estimated Tax Paid and/or Credit \$ _____
 - C) Other Village/City Tax Withheld (Limit 1%) \$ _____
 - D) **TOTAL CREDITS ALLOWABLE (Total 9A, 9B and 9C)** \$ _____
10. **TAX DUE** (Line 8 minus Line 9D) \$ _____
11. A) Penalty (Minimum of \$10.00 or 2% per month or fraction thereof whichever is greater) \$ _____
 B) Interest (2% per month or fraction thereof) (See Instructions) \$ _____
- C) **TOTAL PENALTY AND INTEREST** \$ _____
12. **TOTAL AMOUNT DUE** (Add Lines 10 & 11C; **Make Check Payable to Coldwater Income Tax**) **PAY THIS AMOUNT** . . . \$ _____
13. **OVERPAYMENT** (If Line 9D is greater than Line 8). . . \$ _____
 - A. **CREDIT TO NEXT YEAR'S TAX** \$ _____
 - B. **REFUND REQUEST** \$ _____

NOTE: If the amount you owe is less than \$1.01, payment need not be made. And if your overpayment is less than \$1.01, no refund or credit will be given.

DECLARATION OF ESTIMATED TAX FOR YEAR 20 _____

14. Estimated Taxable Income for Year \$ _____ . Multiply by tax rate of 1% for gross tax of \$ _____
15. Less: Tax to withheld and/or paid to another City/Village (Up to 1%) \$ _____
16. Balance of Estimated City Income Tax Due (Line 14 minus Line 15) \$ _____
17. Credits: Overpayments claimed on previous year's return \$ _____
18. Net tax due \$ _____
19. Amount paid with this declaration (At least 22.5 percent of Line 18) \$ _____
20. AMOUNT ENCLOSED: Line 12-Total Amt. Due) \$ _____ (Line 19-Declaration Amt. Due) \$ _____ **TOTAL** \$ _____

****I AM NOT REQUIRED TO COMPLETE THIS TAX RETURN BECAUSE:** ONLY INCOME IS FROM NON-TAXABLE SOURCE, LIST SOURCE _____

TOTAL/PERMANENT DISABILITY MOVED OUT PRIOR TO 1-1-20 __. LIST DATE OF MOVE _____

RETIREMENT INCOME ONLY TAXPAYER DECEASED, LIST DATE OF DEATH _____

BUSINESS TERMINATED, LIST DATE: _____ RENTAL PROPERTY SUBJECT TO VILLAGE TAX WAS SOLD, LIST DATE _____

IF BUSINESS OR RENTAL PROPERTY SOLD, TO WHOM; (NAME & ADDRESS) _____

CHECK THIS BOX TO AUTHORIZE US TO SPEAK DIRECTLY TO YOUR TAX PREPARER REGARDING YOUR RETURN.
 The undersigned declares that this return (and accompanying schedules) is true, correct and complete return for the taxable period stated and that the figures used here are the same as used for Federal Income Tax purposes.

Signature of Taxpayer or Agent _____	Title _____	Date _____	Signature of Person Preparing Return _____	Date _____
Signature of Spouse if joint return _____	Date _____		Street Address of Firm or Employer _____	
Address of Above _____	Phone Number of Above _____		Phone Number of Above _____	

REORDER FROM: C.J. BUSINESS FORMS (440) 967-1500 OR 1-(888) 967-1500

IMPORTANT: TO OPEN BOOKLET CAREFULLY PEEL DOWN PERFORATION

SCHEDULE W — ALLOWABLE LOSS CARRY FORWARD

YEAR	Loss Attributed to Village of Coldwater
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL	\$ _____ carry to line 6

**ATTACH W-2(s)
HERE**



SCHEDULE X — RECONCILIATION WITH FEDERAL INCOME TAX RETURN AS REQUIRED BY O.R.C. 718

AA. ITEMS NOT DEDUCTIBLE (FROM LINE M BELOW) ADD \$ _____
 BB. ITEMS NOT TAXABLE (FROM LINE Z BELOW) DEDUCT \$ _____
 CC. ENTER TOTAL OF LINE AA AND BB (ENTER ON LINE 3, PAGE 1) \$ _____

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
A. CAPITAL LOSSES - excluding ordinary losses (IRC 1221 or 1231 property dispositions)	\$ _____	N. CAPITAL GAINS - excluding ordinary gains (IRC 1221 OR 1231 property dispositions except to the extent the income and gains apply to those described in IRC 1245 or 1250).	\$ _____
B. Five percent (5%) of intangible income reported in letter O, except that from IRC 1221 property dispositions . . .	\$ _____	O. Federally reported intangible income such as, but not limited to interest, dividends, and patent and copyright income	\$ _____
C. Taxes based on Income (State)	\$ _____	P. Not previously deducted IRC Section 179 Expense \$ _____	
D. Taxes based on Income (City)	\$ _____	Q. Partnership, S corp, LLC charitable contributions. . .	\$ _____
E. Guaranteed payments or accruals to or for current or former partners and members	\$ _____	R. Other	\$ _____
F. Federally deducted dividends, distributions, or amounts set aside for, credited to, or distributed to REIT or RIC investors	\$ _____	Z. Total Lines N through R.	\$ _____
G. Federally deducted amounts paid or accrued to or for qualified self-employed retirement plans, health insurance plans, and life insurance plans for owners or owner-employees of non-C corporation entities	\$ _____		
H. Rental activities by partnership, S corp, LLC trusts. . . .	\$ _____		
I. Other	\$ _____		
M. Total Lines A through I	\$ _____		

SCHEDULE Y — BUSINESS APPORTIONMENT FORMULA (See Instructions)

	A. Located Everywhere	B. Located in this Municipality	C. Percentage (B divided by A)
Step 1. Original cost of real and tangible personal property	\$ _____	\$ _____	
Gross annual rentals paid multiplied by 8	\$ _____	\$ _____	
Total Step 1	\$ _____	\$ _____	_____ %
Step 2. Gross receipts from sales made and/or work or services performed.	\$ _____	\$ _____	_____ %
Step 3. Wages, salaries, commissions and other compensation paid	\$ _____	\$ _____	_____ %
Step 4. Total percentages			_____ %
Step 5. Average percentage (Divide total percentage by number of percentages used - enter on Line 5)			_____ %

SCHEDULE Z PARTNER'S DISTRIBUTIVE SHARES OF NET INCOME (FROM SCHEDULE 1065K AND 1099)

1. Name and Address of Each Partner	2. Resident		3. Distributive Shares of Partners		4. Other Payments	5. Tangible Percentage	6. Amount Taxable
	Yes	No	Percentage	Amount			
_____			%	\$ _____	\$ _____	%	\$ _____
_____			%	\$ _____	\$ _____	%	\$ _____
_____			%	\$ _____	\$ _____	%	\$ _____
_____			%	\$ _____	\$ _____	%	\$ _____
7. TOTALS			100 %	\$ _____	\$ _____	%	\$ _____

GENERAL TAX INFORMATION MUST BE COMPLETED

- Date Business or Trust created _____
- Did you file a return last year? Yes No
- Did you have an employee during past year? Yes No
- On which basis are your records kept? Cash Accrual
 Completed Contract Other _____
- Has your Federal Tax Liability for any prior year been changed in the year covered by this return as a result of an examination by the Internal Revenue Service? Yes No

If Business terminated complete the following:

Date Business terminated _____
 If you sold your business, give name and address of purchaser:
 Name _____
 Address _____
 If Business Entity changed during past year, mark appropriate blocks:
 FROM: Individual Partnership S Corp. Corporation
 TO: Individual Partnership S Corp. Corporation

SCHEDULE INSTRUCTIONS

RECONCILIATION WITH FEDERAL INCOME TAX RETURN
SCHEDULE X is used for the purpose of making adjustments when total income (Line 1 and 2) includes income not taxable and/or items not deductible for municipal purposes. Enter the amounts of any such items in Schedule X and carry total (Line CC) respectively to Line 3.

BUSINESS APPORTIONMENT FORMULA

SCHEDULE Y A business apportionment formula consisting of the average of property, gross receipts and wages paid, may be used by business entities not required to pay tax on entire net profits, by reason of doing business both inside and outside the Municipal city limits. However, if the books and records of the taxpayer shall disclose with reasonable accuracy the net profit attributable to the Municipality, then only this portion shall be considered as having a taxable status in the Municipality.

SPECIAL NOTE: Sales and gross receipts in the Municipality (Step 2) mean:

- All sales and tangible personal property which is shipped from the Municipality to purchasers outside of the Municipality regardless of where title passes if the taxpayer is not, through its own employees, regularly engaged in the solicitation or promotion of sales at the place where delivery is made.
- All sales of tangible personal property which is delivered within the Municipality regardless of where title passes, even though transported from a point outside the Municipality, if the taxpayer is regularly engaged through its own employees in the solicitation and the sales result from such solicitation or promotion.
- All sales of tangible personal property which is delivered within the Municipality, regardless of where title passes, if shipped or delivered from a stock of goods within the Municipality.

PARTNERSHIP DISTRIBUTIVE SHARE OF NET INCOME

SCHEDULE Z Must be completed by all partnerships and associations filing returns. Amount shown in this schedule must correspond with amount reported on your Federal Partnership Form. Attach a copy of your schedule 1065 and ALL K-1's.