



# VILLAGE OF COLDWATER

INCOME TAX DEPARTMENT  
610 W. Sycamore Street  
Coldwater, Ohio 45828-1662

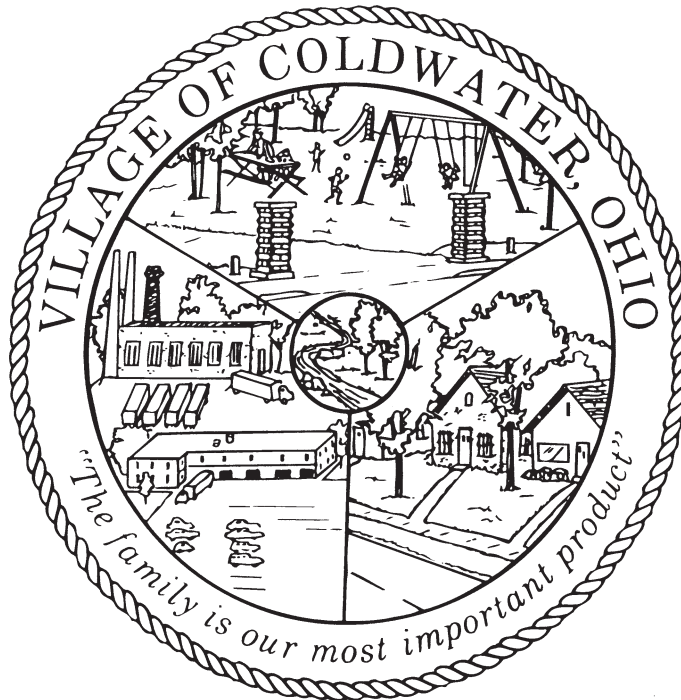
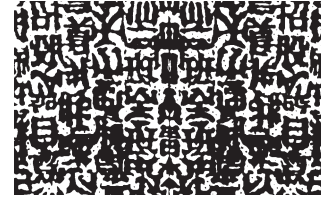
## INCOME TAX RETURN

RETURN SERVICE REQUESTED



**DELIVER TO**

**IMPORTANT CITY INCOME TAX FORMS**



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

IMPORTANT: TO OPEN BOOKLET CAREFULLY PEEL DOWN PERFORATION

## VILLAGE OF COLDWATER GENERAL INSTRUCTIONS FOR FILING FINAL INCOME TAX RETURN

1. **WHO MUST FILE** - All Village residents, 18 years of age and older, are required to file a return regardless of taxable income. All individuals, partnerships, corporations or other entities having income taxable by the Village of Coldwater also have a filing obligation.
2. **WHEN AND WHERE** - *Your return must be filed by April 15*, or request for extension in lieu of return. Fiscal or partial year must file by fifteenth (15th) day of fourth month following the end of such period. The return is to be filed with **Department of Taxation, 610 W. Sycamore Street, Coldwater, OH 45828**.
3. **TAXABLE INCOME** - The Coldwater Income Tax Rate is 1%.
  - A. On all qualifying wages, commissions, tips, bonuses, incentive payments, severance pay, fees, net profits from the operation, lease or rental of real estate including farms, tangible personal property, and other compensation earned during the effective period of the ordinance by residents and non-residents for work done or services performed or rendered in the Municipality or for work performed or rendered elsewhere under the direct supervision of an employer within the Municipality.
  - B. On the net profits of all unincorporated businesses, partnerships, professions, rentals, farm income or other activities conducted by residents and non-residents of the Municipality.
  - C. On the net profits of all corporations derived from work done or services performed or rendered and business or other activities conducted in the Municipality.
  - D. Any charitable, educational, fraternal or other type of non-profit association or organization enumerated in Section 718 of the Revised Code of Ohio which is not exempt from payment of real estate taxes, is required to file returns and remit the taxes levied under the Municipal Tax Ordinance.
  - E. On all income received as gambling winnings as reported on Internal Revenue Service Form W-2G, Form 5754 and/or any other form required by the Internal Revenue Service that reports winnings from gambling, prizes and lottery winnings.
4. **WHAT CONSTITUTES NET PROFITS** - Net profits shall be determined on the basis of the information used for Federal Income Tax Purposes, adjusted to the requirements of the Coldwater Income Tax Ordinance.
5. **INCOME NOT TAXABLE**
  - A. Military Pay.
  - B. Welfare benefits, unemployment insurance benefits, pensions, social security benefits and qualified retirement plans.
  - C. Proceeds of insurance, annuities, workers' compensation insurance, permanent disability benefits, compensation for damages for personal injury and like reimbursements, not including damages for loss of profits and wages.
  - D. Dues, contributions and similar payments received by charitable, religious, educational organizations, or labor unions, or trade professional associations, lodges and similar organizations.
  - E. Any association, organization, corporation, club, or trust which is exempt from Federal taxes or income by reason of its charitable, religious, educational, literary, etc. purposes.
  - F. Interest and Dividends incomes.
  - G. Parsonage allowance pursuant to section 107 of the Internal Revenue Code.
  - H. Certain election precinct earnings.
6. **PARTIAL YEAR RESIDENTS** - If you only lived in Coldwater during part of the taxable year, you must file a tax return covering that time.
7. **EMPLOYEE BUSINESS EXPENSES** - Employee business expenses, as defined on Federal Form 2106, may be deducted against income subject to village taxation. If income is apportioned between cities, 2106 expenses should likewise be apportioned, and tax credit reduced accordingly. Federal Form 2106 MUST be included with the return.
8. **TAX CREDIT** - A tax credit is allowed against the income for which taxes were withheld and/or paid to another City or Village up to and including the maximum rate of the Village of Coldwater. Taxes withheld at a rate greater than that of the Village of Coldwater (1%) may not be used as a credit against other taxable income.
9. Legible copies of each W-2, 1099, W-2G and/or 5754, Federal Form 1040, and Federal Schedules must be attached to your return. A return will not be considered "filed" unless the above mentioned are included.
10. The failure of any employer or person to receive or procure a return, declaration or other required form shall not excuse him/her from making any information return, return or declaration, from filing such form or from paying or withholding or remitting the tax.
11. **BUSINESS RETURNS ONLY** - Local independent contracts and non-employee expenditures claimed on the Village of Coldwater Income Tax Return must have copies of 1099 MISC Returns attached or a fully written explanation submitted before the expense will be allowed as a deduction.
12. **Late Filing Penalty:** \$25.00 per month, up to \$150.00.  
**Late Payment Penalty:** 15% of amount due.  
**Interest:** .042% per month or fraction thereof regardless of extension after original due date. These charges are for any taxes paid after the due date.
13. **EXTENSIONS** - A copy of the Federal request for extension or a letter requesting an extension which includes name, address, social security or federal identification number **MUST BE FILED WITH THE COLDWATER TAX DEPARTMENT BY THE ORIGINAL DUE DATE OF THE RETURN**. An extension request is not an extension of time to pay. Payment of any estimated tax due should accompany the extension request. If no extension is filed, penalty and interest charges will apply. A copy of the extension request should also be attached to the return when it is filed.
14. **S-CORPORATIONS:** The Village of Coldwater does not recognize corporate income at the individual level. S-Corporation doing business in Coldwater must file a Village of Coldwater Income Tax Return. S-Corporation income is not taxable at the individual level.
15. **DECLARATION OF ESTIMATED TAX** - A prepayment plan of the year following your final income tax return.
  1. **WHO MUST MAKE A DECLARATION OF ESTIMATED TAX FOR THE NEXT YEAR** - Individuals, partnerships, estates, trusts, S-corporations, corporations or any other entities having taxable income which will not be subject to withholding shall file and pay estimated tax, if the amount of tax estimated is \$200 or more.
  2. **WHEN AND WHERE TO FILE DECLARATION** - The declaration for a calendar year must be filed on or before April 15th with the Department of Taxation in Coldwater, OH. All wage earners must file on a calendar year basis. Fiscal year taxpayers shall file on or before the fifteenth (15th) day of the fourth month following the beginning of their fiscal year.
  3. **PAYMENTS OF ESTIMATED TAX** - The estimated tax payment may be paid in full with the declaration or in equal quarterly payments of at least 22.5% of the estimated tax liability for the current year. Beginning in 2016, quarterly payments for corporations and individual filers are due and shall be paid on or before April 15, June 15, September 15 and December 15. Fiscal year filers shall substitute the months which correspond to the months shown above. The estimate may be amended at the time of making any quarterly payment. The estimated tax paid should be equal to a minimum of 90% of the final tax due Coldwater or 100% of the previous year's tax liability on a 12 month basis. Check or money orders should be made payable in **Coldwater - Income Tax**.

**HEADING INSTRUCTIONS** - If this return is made for a period other than the calendar year, note the beginning and ending date of the fiscal year. Enter your name, address, social security number or federal identification number if it is not already imprinted on your return. Please make any changes of return address on the Final Return next to the imprinted address. Income other than wages should include profit or loss from businesses or professions which include Schedule C, E, F, K-1 and any other taxable federal schedules including schedule of other income, schedule of other deductions, schedule of schedule A other costs, Forms 1041, 1065, applicable 1099s, 1120, 1120S, 4835, 8825, and 4797 showing ordinary income and any other taxable forms. Income other than wages also includes income from Partnerships, Estates, Trusts, fees, tips, commissions, taxable miscellaneous income, gambling, prize, and lottery winnings.

**SIGNATURE** - A return is not "filed" within the meaning of the law, until signed and dated by the taxpayer or an agent legally authorized to sign tax forms for such taxpayer.

For Tax Assistance, Please Call Village of Coldwater Tax Department

Telephone: (419) 678-2685

FAX: (419) 678-2365

Website: <http://www.VillageofColdwater.com>

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

Make Checks and Money Orders  
Payable To  
Coldwater - Income Tax

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

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

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) Late Filing Penalty (\$25.00 per month, up to \$150.00) . . . . . \$ \_\_\_\_\_  
B) Late Payment Penalty (15% of amount due) . . . . . \$ \_\_\_\_\_  
C) Interest (.042% per month or fraction thereof) (See Instructions) . . . . . \$ \_\_\_\_\_  
D) **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 \$10.01, payment need not be made. And if your overpayment is less than \$10.01, 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:**

- TOTAL/PERMANENT DISABILITY
- RETIREMENT INCOME ONLY
- BUSINESS TERMINATED, LIST DATE: \_\_\_\_\_
- ONLY INCOME IS FROM NON-TAXABLE SOURCE, LIST SOURCE \_\_\_\_\_
- MOVED OUT PRIOR TO 1-1-20 \_\_\_\_ . LIST DATE OF MOVE \_\_\_\_\_
- TAXPAYER DECEASED, LIST DATE OF DEATH \_\_\_\_\_
- 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**

<b>YEAR</b>	<b>Loss Attributed to Village of Coldwater</b>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>TOTAL</b>	\$ _____ 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) \$ \_\_\_\_\_

<b>ITEMS NOT DEDUCTIBLE</b>		<b>ADD</b>	<b>ITEMS NOT TAXABLE</b>		<b>DEDUCT</b>
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			
_____			_____ %	\$ _____	\$ _____	_____ %	\$ _____
_____			_____ %	\$ _____	\$ _____	_____ %	\$ _____
_____			_____ %	\$ _____	\$ _____	_____ %	\$ _____
_____			_____ %	\$ _____	\$ _____	_____ %	\$ _____
<b>7. TOTALS</b>			<b>100 %</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>_____ %</b>	<b>\$ _____</b>

**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.