

CITY OF COLUMBIANA
INCOME TAX DEPARTMENT
28 W. Friend Street
Columbiana, Ohio 44408
Tax Office Phone 330-482-6184
www.columbianaohio.gov
DUE DATE: April 15,
or the IRS Due Date

CITY OF COLUMBIANA INCOME TAX RETURN

For Calendar Year

or fiscal year ended

FISCAL YEAR DUE DATE:
105 days after end of Fiscal Period

Amount Paid With This Return

\$

☐ Cash ☐ Money Order

☐ Check Check No. _____

☐ Check here if name or address has been changed Date of Audit _____ Audited By _____

Social Security No. _____

Social Security No. _____

Federal I.D. Number _____

If moved since previous final return was due, give date moved:

Into City _____ Out of City _____

Copy of Federal 1040, 1040A, 1040EZ (Page 1) must be attached to individual returns

Did you apply for or
receive a local tax refund
from another city during
this year?

Yes ☐ No ☐

Taxpayer

☐

☐

☐

☐

☐

Spouse

☐

☐

☐

☐

☐

Retired and Taxpayers With No Taxable Income - Check Appropriate Box

Retired - with only non-taxable income - Date Retired _____

Only income was from a non-taxable source - List Source _____

Under Age 18 - Birthdate _____ (Verification of age required for refund)

Active Duty Military

Deceased - Date _____

ATTACH LEGIBLE COPY OF ALL W-2'S, 1099 MISC and/or SCHEDULES

W-2'S MUST BE SUBMITTED!

1. Wages, Salaries, Tips and Other Employee Compensation (Attach All W-2's)..... \$ _____
(The largest amount on the W-2 Form is taxable)

2. Other Taxable Income (from Page 2 - if used) \$ _____

3. Total Taxable Income (loss on Line 2 cannot offset Line 1) \$ _____

4. Municipal Tax Rate 1% of Line 3 \$ _____

5. Credits

A. Taxes withheld by Employers (for City of Columbiana) \$ _____

B. Estimated Taxes Paid Columbiana \$ _____

C. Income Tax Paid **ANOTHER** City (1/2 of 1% of wage on which other city is paid) ... \$ _____

D. Other Credits Allowed \$ _____

E. Total Credits \$ _____

6. Balance of Tax Due (line 4 less line 5E)..... \$ _____

7. **PENALTY/INTEREST: Late File** (\$25 per month/max \$150) **Late Pay** (15%) **Interest** (see City website for rates) \$ _____

8. **BALANCE DUE** (Pay in Full with this Return if \$10.00 or More) **Make Check to Columbiana Income Tax Dept.** \$ _____

9. **OVER PAYMENT** (If line 4 is less than 5E) \$ _____

A. Over payment to be refunded ☐ (No Refunds Under \$10.00) **CREDITED** to next year Estimate ☐ (No Credits Under \$10.00)

DECLARATION OF ESTIMATED TAX FOR YEAR

(This section must be completed if estimated tax is \$200.00 or more)

1. Total estimated income subject to tax \$ _____ Multiply by tax rate .01 (1%) for gross tax \$ _____

2. Less any CITY TAX to be withheld \$ _____

3. Balance of City of Columbiana Income Tax declared \$ _____

4. Less credits: A. Overpayment on previous years return \$ _____

B. Previous payment, if this is an amended estimate \$ _____

5. Net estimated tax due \$ _____

6. Amount paid with this declaration (at least 1/4 of line 5) \$ _____

7. Balance of estimate due \$ _____

ESTIMATED PAYMENT VOUCHERS AVAILABLE ONLINE OR AT THE CITY BUILDING

The undersigned declare 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.

☐ Yes, I Authorize Direct Communication with Return Preparer.

Signature of Taxpayer

Date

Signature of Taxpayer

Date

Signature of Person Preparing if other than taxpayer

Date

ATTACH COPY(S) OF FEDERAL SCHEDULES C AND F OR FEDERAL RETURN 1065 - 1120 - 1120-s

- | | | |
|---|----|-------|
| 1. Net Profit (or Loss) from a Business or Profession | \$ | _____ |
| 2. Add Items Not Deductible (Schedule X) | \$ | _____ |
| 3. Deduct Items Not Taxable (Schedule X) | \$ | _____ |
| 4. Adjust Net Income | \$ | _____ |
| 5. Amount allocable to Columbiana if Schedule Y is used _____ % of line 4 | \$ | _____ |
| 6. Net Profit subject to Columbiana Income Tax | \$ | _____ |

Attach Copy of Federal Schedule E

*If Included in Schedule C, Line 5, Kind and Location of Each Property Must be Shown in Schedule E

INDIVIDUAL RENTING & LOCATION OF PROPERTY	Amt. of Rent	Depreciation	Repairs	Other Exp.	Net Income (or Loss)
	\$	\$	\$	\$	\$

TOTAL INCOME (or loss) \$

Attach Copy of Federal Form 4797

TOTAL ORDINARY INCOME \$

Income from Partnerships, Estates & Trusts: Tips, Gratuities, Bonuses, Royalties, Incentives, Prizes, Lottery Winnings, Awards, Fees, Etc.

Received From	For (Describe)	Amount
Farm Income: From Federal Income Return From 1040 (or loss)		

Farm Income: From Federal Income Return From 1040 (or loss)

TOTAL \$

TOTAL SCHEDULES C, E, G & H ENTER ON LINE 2, PAGE 1 \$

ITEMS NOT DEDUCTIBLE - ADD

a. Capital Losses	\$
b. Interest and/or Other Expense Incurred in the Production of Non-Tangible Income	\$
c. All Income Taxes Paid	\$
d. Five Percent (5%) of Intangible Income Reported on Lines h, i & j	\$
e. Payments to Partners or Compensation of Officers, Sub Chapter S Corp.	\$
f. Net operating loss carry-forward from Federal Return	\$
Total Additions (enter on line 2 above)	\$

ITEMS NOT TAXABLE - DEDUCT

g. Capital Gains (Excluding Ordinary Gain From 4797)	\$	_____
h. Interest Earned or Accrued	\$	_____
i. Dividends Received	\$	_____
j. Income from Patents and Copyrights	\$	_____
k. Other (provide explanation)	\$	_____
Total Deductions (enter on line 3 above)	\$	_____

SCHEDULE Y - BUSINESS APPORTIONMENT FORMULA

	a. Located Everywhere	b. Located in Columbiana	(b ÷ a) c. Percentage
STEP 1. Original Cost of Real & Tangible Personal Property	\$	\$	
Gross Annual Rentals Multiplied by 8	\$	\$	
Total Step 1	\$	\$	%
STEP 2. Gross Receipts from Sales made and/or Work or Services performed	\$	\$	%
STEP 3. Wages, Salaries, Etc. Paid	\$	\$	%
STEP 4. Total Percentages			%
STEP 5. Average Percentage (line 4 divided by number of percents) (Carry average percentage to line 5 above)			\$

SCHEDULE Z - PARTNERS' DISTRIBUTIVE SHARES OF NET INCOME

SCHEDULE Z - PARTNERS' DISTRIBUTIVE SHARES OF NET INCOME		3. Distributive Shares of Partners		4. Other Payments	5. Taxable Percentage	6. Amount Taxable
		Percent	Amount			
1. Name of each partner	2. Address					
(a)				\$	\$	\$
(b)						
(c)						
(d)						
7. TOTALS from Schedule C above		100	\$		XXXXXXXXXX	