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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, 2015

CITY OF COLUMBIANA INCOME TAX RETURN

For Calendar Year **2014**

Change tax year if necessary

or fiscal year ended

FISCAL YEAR DUE DATE:
120 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 _____

TAXPAYER'S NAME, ADDRESS ACCT#

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 ☐

Retired and Taxpayers With No Taxable Income - Check Appropriate Box

Taxpayer	Spouse	
☐	☐	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!

ATTACH ALL W-2 COPIES HERE

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 ..... $ _____
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. Late Charges Late Payment Penalty of (1 1/2% / mo.) Interest (1/2% / mo.) ..... $ _____
8. **TAX DUE** (Pay in Full with this Return if $1.00 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 $1.00) CREDITED to next year Estimate ☐ (No Credits Under $1.00)

DECLARATION OF ESTIMATED TAX FOR YEAR 2015

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 then taxpayer *Date*

SCHEDULE C - PROFIT (Or Loss) FROM A BUSINESS OR PROFESSION

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 ..... $ _____

SCHEDULE E - INCOME FROM RENTS (If not included in Schedule C)

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) ..... $ _____

SCHEDULE G - ORDINARY INCOME

Attach Copy of Federal Form 4797

TOTAL ORDINARY INCOME ..... $ _____

SCHEDULE H - OTHER INCOME NOT INCLUDED IN SCHEDULES C, E, or G

Income from Partnerships, Estates & Trusts: Tips. Gratuities, Bonuses, Royalties, Incentives, Prizes, Lottery Winnings (in excess of $5,000), Awards, Fees, Etc.

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

TOTAL ..... $ _____

TOTAL SCHEDULES C, E, G & H ENTER ON LINE 2 (NOT LESS THAN "0"), PAGE 1 ..... $ _____

SCHEDULE X - RECONCILIATION WITH FEDERAL INCOME TAX RETURN

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

1. Name of each partner	2. Address	3. Distributive Shares of Partners		4. Other Payments	5. Taxable Percentage	6. Amount Taxable
		Percent	Amount			
(a)				$	$	$
(b)						
(c)						
(d)						
7. TOTALS from Schedule C above		100	$		XXXXXXXXX	