

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, 2018**  
or the IRS Due Date

**CITY OF COLUMBIANA INCOME TAX RETURN**  
For Calendar Year **2017**

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 \_\_\_\_\_

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 ☐

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 2018**

(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

**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 &amp; 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) .....		
TOTAL .....		\$

**TOTAL SCHEDULES C, E, G & H ENTER ON LINE 2, 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	\$		xxxxxxxx	