

CITY OF DELPHOS, OHIO
INCOME TAX DEPARTMENT 608 N. CANAL ST. DELPHOS, OHIO 45833
INCOME TAX RETURN
FILE BY APRIL 15TH

CASH [] CHECK [] M.O. []

PAID WITH THIS RETURN

\$ _____

Check your status as a taxpayer:

- Resident Full Year [] Part Year []
Non-Resident []
Proprietor [] Corporation []
Partner [] Partnership []
Professional [] Rental []

FOR THE CALENDAR YEAR _____

IF PARTIAL YEAR OR FISCAL PERIOD

GIVE DATES: _____ THRU _____

If Name or Address is incorrect, Make Necessary Changes

Social Security No.

Business give Fed. I.D. No.

Must submit W-2's. To avoid proceedings, file return or contact office though no taxable income. Persons under 17 exempt. Interest and dividends exempt.

If Moved During Year Of This Return Give Date Of Move INTO CITY OUT OF CITY

Any taxpayer attaching a copy of their Fed. Return or Schedules, where applicable, need not complete Page 2 (except Schedule Y when line 5B of Page 1 is used.)

A. Enter Gross Wages, Salaries, Bonuses, Commissions, VACATION PAY, SICK LEAVE PAY, and Other Compensation received before Deductions. If this is your only source of income, disregard Lines 2 thru 5b and enter total wages on Line 1 and Line 6.

Table with 5 columns: EMPLOYER'S NAME, WHERE EMPLOYED (City and State), TAX PAID TO OTHER CITIES, DELPHOS TAX WITHHELD, GROSS WAGES

- 1. TOTAL: If no other taxable income enter wages here and Line 6
2. INCOME OTHER THAN WAGES FROM PAGE 2
3. TOTAL INCOME (Total Lines 1 and 2)
4a. ITEMS NOT DEDUCTIBLE (From Line m Schedule X Page 2) Add
4b. ITEMS NOT TAXABLE (From Line z Schedule X Page 2) Deduct
5a. ADJUSTED NET INCOME (Line 3, plus Excess Debit or less Excess Credit from Line 4a or 4b)
5b. AMOUNT ALLOCABLE TO DELPHOS IF SCHEDULE Y, PAGE 2 IS USED % of Line 5a
5c. LESS ALLOCABLE NET LOSS PER PREVIOUS DELPHOS INCOME TAX RETURN
6. AMOUNT SUBJECT TO DELPHOS CITY INCOME TAX (Line 1 or 5a, or 5b)
7. DELPHOS CITY INCOME TAX, Line 6 (1.5%)
8. DELPHOS CITY INCOME TAX WITHHELD BY EMPLOYER(S)
9. PAYMENTS AND CREDITS ON DECLARATION OF ESTIMATED TAX
10. EARNED INCOME TAXED BY OTHER CITIES .75% CREDIT ALLOWED
11. TOTAL CREDITS (Add Lines 8, 9 and 10)
12. If Payments (line 11) are less than tax (line 7) ENTER BALANCE DUE. PAY IN FULL WITH RETURN
13. If Payments (line 11) are larger than tax (line 7) ENTER OVERPAYMENT
14. PENALTY 1.5% PER MONTH INTEREST 1% PER MONTH FOR A TOTAL OF 2.5% PER MO.
15. AMOUNT DUE - ATTACH CHECK OR M.O. FOR FULL AMOUNT DUE

The undersigned declares 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 Tax purposes.

Signature of Taxpayer Date Signature of Person Preparing, if Other Than Taxpayer Date

Address or Name and Address of Firm or Employer

SCHEDULE B - Income from Rentals (From Federal Return)	2. Amount Received during period	3. Depreciation	4. Repairs	5. Other Expense	6. Net Profit
1. Kind of Property and Location of Property	\$	\$	\$	\$	\$
TOTAL	\$	\$	\$	\$	\$

Show Net Rental Income (or Loss) for the Period Covered by this Return (total of Column 6) \$

SCHEDULE C - PROFIT (or Loss) FROM BUSINESS OR PROFESSION

1. Total Receipts, Less Allowances, Rebates and Returns	\$	
2. Less: (a) Cost of Goods Sold or (b) Cost of Operations, whichever is applicable (indicate labor charges included \$)		
3. Gross Profit from Sales, etc. (line 1 less line 2)		
4. Rents Received, If Connected With Trade or Business		
5. Other Business Income (Specify)		
7. Total Business Income Before Deductions		\$
BUSINESS DEDUCTIONS		
8. Compensation of Officers	\$	14. Utilities \$
9. Salaries and Wages Not Deducted Elsewhere		15. Insurance
10. Payments to Partners		16. Depreciation, Amortization, Depletion
11. Rents paid to		17. Repairs
12. Interest on Business Indebtedness		18. Advertising and Promotion
13. a. City Income taxes on Business		19. Auto, Truck and Travel
b. Other Business taxes		20. Other
21. Total Business Deductions (total of lines 8 to 20)		
22. Net Profit (or loss) from Business or Profession (line 7 less line 21)		\$

SCHEDULE H - OTHER INCOME NOT INCLUDED IN SCHEDULES B or C

INCOME FROM PARTNERSHIPS, ESTATES & TRUSTS, FEES, ETC.	FOR (Describe)	AMOUNT
Farm Income From Federal Return		
TOTAL SCHEDULE H		\$
TOTAL SCHEDULES B, C, H	ENTER AS LINE 2 PAGE 1	\$

SCHEDULE X - RECONCILIATION WITH FEDERAL INCOME TAX RETURN

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
a. Net loss from sale, exchange of other disposition of capital or other assets		n. Net gain from sale, exchange or other disposition of capital or other assets	
b. Expenses attributable to non-taxable income (at least 5% of intangible income)		o. Interest Income	
c. All Income Taxes Paid or Accrued		p. Dividends (less Federal exclusion)	
d. Guaranteed payments to partners or members		q. Income from Patents and Copyrights	
e. Net Operating Loss - per Federal Return		r. Other income exempt from Delphos Income Tax (explain)	
f. Payments to an individual retirement arrangement or Keogh Plan			
g. Other Deductions Not Allowable (explain)			
m. Total Additions (enter as line 4a Page 1)		z. Total Deductions (enter as line 4b Page 1)	

SCHEDULE Y - BUSINESS ALLOCATION FORMULA

	a. LOCATED EVERYWHERE	b. LOCATED IN DELPHOS	(a - b) c. Percentage
STEP 1. Actual Cost of Real & Tangible Property Gross Annual Rentals Multiplied by 8			%
STEP 2. Gross Receipts from Sales Made and/or Work or Services Performed			%
STEP 3. Wages, Salaries, etc. Paid Less Compensation of executive officers or owner members Total Net Wages Factor (Step 3)			%
4. Total Percentages			%
5. Average Percentage (Divide Line 4 by number of factors in Column a) - Carry to Line 5b - Page 1			%