

VILLAGE OF BLUFFTON

File with
INCOME TAX DEPARTMENT
P.O. Box 228
Bluffton, Ohio 45817-0228

INCOME TAX RETURN

Fiscal \_\_\_\_\_ to \_\_\_\_\_

YOUR SOC. SEC. # \_\_\_\_\_
SPOUSE SEC. SEC # \_\_\_\_\_
FED. I. D. # \_\_\_\_\_

DUE DATE APRIL 15TH
or (3 1/2) Months After The
End Of the Fiscal Period

IF YOU MOVED DURING THE YEAR, YOU MUST COMPLETE LINES BELOW

DATE OF MOVE \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_

OLD ADDRESS \_\_\_\_\_

IF YOU RENT, PLEASE GIVE COMPLETE NAME AND ADDRESS

OF LANDLORD:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME AND ADDRESS

IF ADDRESS IS INCORRECT, PLEASE MAKE CORRECTION

I am not required to complete this tax return because: (Sign form and file by due date)

- 1 Total/permanent disability 2 Moved out prior to 1/1/08, give date \_\_\_/\_\_\_/\_\_\_ 3 Retirement income only
4 Taxpayer deceased, give date \_\_\_\_\_ 5 Only income is from non-taxable source, list source \_\_\_\_\_

Table with 2 columns: PAGE 1, SECTION 1, W-2 WAGES and ATTACH W-2'S TO BACK OF THIS PAGE. Rows include Wages, Less Employee Business Expenses, Less Non-Resident Income, and Taxable Wages.

Table with 2 columns: PAGE 1, SECTION 2, BUSINESS INCOME AND ADJUSTMENTS and various line items. Rows include Total Business Income, Adjustments to Income, Adjusted Gross Income, Amount Allocable, Less Net Loss From Previous Returns, Taxable Business Income, Total Taxable Income, Income Tax Rate, Less Bluffton Tax Withheld, Less Credit Carry-over, Less Estimated Tax Paid, Less Other City Tax Withheld, Total Credits Allowable, Tax Due, Late Filing Penalty, Late Payment Penalty, Interest, Total Amount Due, and Overpayment.

Table with 2 columns: PAGE 1, SECTION 3, DECLARATION OF ESTIMATED TAX and various line items. Rows include Total Estimated Tax for YEAR, Amount Paid With This Estimate, and Total Tax Due.

Important: All Appropriate Forms and Schedules for (Lines 1,2 and 5) must be attached before return will be accepted complete.
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 Income Tax purposes.

Signature of Taxpayer or Agent Title Date

Signature of Person Preparing Return Date

Address of Above

Address of Above

Phone Number of Above

Phone Number of Above

**PAGE 2, SECTION 2, BUSINESS INCOME ( ALL APPROPRIATE FEDERAL SCHEDULES MUST BE ATTACHED )**

<b>LINE 5 - INCOME OTHER THAN WAGES</b>		<b>TOTAL</b>
Schedule C, E and/or F		
Schedule 4797 (depreciation recapture)		
Schedule 1099 MISC, K-1		
Schedule 1041, 1065, 1120 or 1120S		
Schedule MISC (From Line 21 on 1040)		
OTHER		
<b>NET TOTAL INCOME OTHER THAN WAGES TO PAGE 1, SECTION 2, LINE 5</b>		

<b>LINE 6 - ADJUSTMENTS TO INCOME</b> (USE ONLY IF THESE INCOME ITEMS WERE INCLUDED IN SCHEDULES FROM PAGE 2 SECTION 2 LINE 5)			
ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
A. CAPITAL LOSSES (IRC 1221 or 1231 property dispositions)		N. CAPITAL 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. Amount of Federal Tax Credits to the extent they have reduced corresponding operating expenses	
D. Taxes based on income ( City)		Q. Not Previously deducted IRC Sec. 179 expenses	
E. Guaranteed payments or accruals to or for current or former partners or members		R. Partnership, S Corp, LLC. charitable contributions	
F. Federally deducted dividends, distributions, or amounts set aside for, credited to, or distributed to REIT or RIC investors		S. Other	
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-employee of non-C corporation entities		T. Total Lines N through S.	
H. Rental activities by partnership, S Corp, LLC, trusts			
I. Other			
J. Total lines A through I			NET TOTAL OF J & T
<b>NET TOTAL ADJUSTMENT TO INCOME TO PAGE 1, SECTION 2, LINE 6</b>			

<b>LINE 8 - APPORTIONMENT PERCENTAGE:</b>	<b>A. LOCATED EVERYWHERE</b>	<b>B. LOCATED THIS RETURN</b>	<b>C. PERCENTAGE B DIVIDED BY A</b>
Step 1. Average value real and tangible personal property			
Gross Annual rentals multiplied by 8			
Total Step 1			%
Step 2. Gross receipts from sales or services			%
Step 3. Total wages, salaries and other comp			%
Step 4. Total percentages (divided by steps used for step 5 average percent			%
<b>STEP 5 NET TOTAL AVERAGE PERCENTAGE TO PAGE 1, SECTION 2, LINE 8</b>			%

<b>LINE 9 - NET OPERATING LOSS DEDUCTION FROM PRIOR VILLAGE RETURNS</b>		<b>TOTAL</b>
FIFTH PRECEDING YEAR	< >	
FOURTH PRECEDING YEAR	< >	
THIRD PRECEDING YEAR	< >	
SECOND PRECEDING YEAR	< >	
PRECEDING YEAR	< >	
<b>NET TOTAL OPERATING LOSS TO PAGE 1, SECTION 2, LINE 9</b>		< >