

VILLAGE OF OTTAWA HILLS INCOME TAX RETURN 2017
 OR FOR THE _____ MONTHS ENDING _____
 FOR ALL TAXPAYERS SUBJECT TO OTTAWA HILLS INCOME TAX
 DUE ON OR BEFORE APRIL 15 OR WITHIN 3 MONTHS AFTER THE CLOSE OF A FISCAL YEAR OR PERIOD

OFFICE USE ONLY OH17TF

C/O _____ LCF _____

REF _____ USED _____

NRR _____

ACCOUNT NO.: _____

NAME: _____

ADDRESS: _____

Your Social Security Number _____

Spouse's Social Security Number _____

Ottawa Hills resident? Yes No; resident city _____

Do you own this property? Yes No; Rent? Yes No

Name and Address of Landlord: _____

Assistance in preparing your Ottawa Hills Income Tax Return is available at the Municipal Building or by phone at (419) 536-6502.

All residents of Ottawa Hills **MUST FILE** a return, even if the tax has been withheld from his or her pay. If you have no taxable income, please explain and return this form.

File this return with Ottawa Hills Income Tax, 2125 Richards Rd., Ottawa Hills, OH 43606-2599

Will you have Village taxable income next year? Yes No
 If no, explain _____

Date of change of address:

Moved to Ottawa Hills _____

Moved out of Ottawa Hills _____

Indicate number of job related travel days outside work city _____

ATTACH ALL W-2S, FEDERAL FORMS AND SCHEDULES

1. **TOTAL WAGES**, salaries, bonuses, commissions & other compensation from worksheet page 2 (1) \$ _____
2. **OTHER INCOME** (see page 2) (2) \$ _____
3. **SCHEDULE X ADJUSTMENTS** (see page 2 for Schedule X worksheet) (3) \$ _____
4. **TOTAL BUSINESS INCOME** (Line 2 + Line 3) (See instructions for business losses) (4) \$ _____
5. **BUSINESS INCOME ALLOCATION** if Schedule Y is used (____%) x Line 4 (5) \$ _____
6. **LESS ALLOCABLE PRE-2017 NET OPERATING LOSS CARRYFORWARD** (see instructions) (6) \$ _____
7. **TOTAL TAXABLE BUSINESS INCOME** (Line 5 - Line 6) (7) \$ _____
8. **INCOME SUBJECT TO OTTAWA HILLS TAX** (Line 1 + Line 7) (8) \$ _____
9. **OTTAWA INCOME TAX** (1.5% of Line 8) (9) \$ _____
10. **CREDITS AND PAYMENTS** Attach all W-2s and/or verification of tax paid
 - a. Tax withheld to Ottawa Hills (a) \$ _____
 - b. Ottawa Hills Tax Credit (see worksheet on page 2) (b) \$ _____
 - c. Estimated Payments and Prior Year Overpayments (c) \$ _____
 - d. Non-Resident Refund Claim Attached, Completed and Assigned (d) \$ _____
 - e. Total of Lines a, b, c, and d (10e) \$ _____
11. **TOTAL TAX DUE** Line 9 - Line 10e (11) \$ _____
12. **LATE FILING** Interest and Penalty must be included if tax is paid after April 17th
 - a. Interest @ .5% per month or fraction thereof on unpaid taxes (a) \$ _____
 - b. Penalty @ 15% on unpaid taxes (b) \$ _____
 - c. Late Filing Fee @ \$25 per month filed late after 10/15 extension due date (max \$150) (c) \$ _____
 - d. Total of Lines a, b, and c (12d) \$ _____
13. **TOTAL AMOUNT DUE** Line 11 + Line 12d **PAYMENT MUST ACCOMPANY THIS RETURN** (13) \$ _____
MAKE CHECK PAYABLE TO: OTTAWA HILLS TAX
 Visa, MasterCard, American Express and Discover are accepted: visit www.ottawahills.org Click on Resident Services/Income Tax.
 AMOUNTS OF \$10.00 OR LESS WILL NOT BE REFUNDED, BILLED, OR CARRIED FORWARD
14. **OVERPAYMENT** If credits (Line 10e) exceed tax (Line 9) (14) \$ _____
 - a. Amount of Line 14 to be credited to next year \$ _____
 - b. Refunded \$ _____

The undersigned declares that this return is true, correct and complete for this tax year. If an audit of Federal return affects tax liability on this return, the undersigned agrees to file an amended Ottawa Hills return within sixty (60) days.

| | | | |
|--|--------------------|--|------------|
| Signature _____ | Phone Number _____ | Signature of preparer of return if other than taxpayer _____ | Date _____ |
| Signature of taxpayer's spouse if joint return _____ | Date _____ | Name, address and phone number of firm or employer _____ | |

Check here to authorize us to speak directly to your preparer regarding your return.

IMPORTANT NOTE: A copy of the Federal return 1040, 1065, 1120, 1120S or other Federal return with copies of Schedule C, E, F (from Fed 1040), Form 4797, and other pertinent schedules **MUST BE ATTACHED PER OHIO REVISED CODE 718.**

WAGE WORKSHEET ATTACH ALL W-2S FOR WAGES & WORK CITY TAX WITHHELD (include sick pay, deferrals and excess insurance payments. Do not include Sec 125 contributions). For wages use the greater of Box 5 or Box 18 (see instructions).

| EMPLOYER | VILLAGE TAX | WORK CITY TAX | TAX CREDIT | QUALIFYING WAGES -BOX 5/18 |
|---------------|-------------|---------------|------------|----------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| TOTALS | | | | |

(to Line 10a)

(to Line 10b)

(to Line 1)

OTHER INCOME

| | |
|---|----------|
| PROFIT (LOSS) FROM SCHEDULE C (attach copies) | \$ _____ |
| ORDINARY INCOME FROM 4797 (IRC 1245 & 1250 property, attach form) | \$ _____ |
| PROFIT (LOSS) FROM RENTALS SCHEDULE E PAGE 1 (attach copies) | \$ _____ |
| PROFIT (LOSS) FROM PASS-THROUGH ENTITIES SCHEDULE E PAGE 2 (attach copies & entity list) | \$ _____ |
| PROFIT (LOSS) FROM FARMING (SCH F) & FARM RENTAL (FORM 4835) (attach copies) | \$ _____ |
| OTHER INCOME FROM FEDERAL 1040 LINE 21 (1099-MISC, CANCELANON OF DEBT) (attach copies) | \$ _____ |
| LOTTERY AND GAMBLING WINNINGS INCLUDING W-2G (attach copies) | \$ _____ |
| NET INCOME (LOSS) – losses cannot reduce wage income, but can be carried forward – to Line 2 | \$ _____ |

SCHEDULE X Use this reconciliation with federal income tax return only if the item is included on line 2 on front page.

| ITEMS NOT DEDUCTIBLE | ADD | ITEMS NOT TAXABLE | DEDUCT |
|--|----------|---|----------|
| A. Losses: Capital (IRC 1221, 1231), S-Corp | \$ _____ | N. Capital gain (IRC 1221, 1231) | \$ _____ |
| B. Interest &/or other expenses incurred in production of non-taxable income (5% Line Z) | \$ _____ | O. Interest earned or accrued | \$ _____ |
| C. All income taxes paid or accrued | \$ _____ | P. Dividends (less Fed exclusion) | \$ _____ |
| D. Net operating loss deduction per Fed return | \$ _____ | Q. Income from patents, copyrights, S-Corps | \$ _____ |
| E. Guaranteed payments (from Fed 1065) | \$ _____ | R. Deductible employee bus exp (reduce by 2% AGI – attach Form 2106, Sch A of 1040) | \$ _____ |
| F. Aggregated net loss | \$ _____ | S. Other income exempt from Village Tax | \$ _____ |
| G. Other | \$ _____ | Explain _____ | \$ _____ |
| M. Total Additions | \$ _____ | Z. Total Deductions | \$ _____ |

NET ADJUSTMENTS (Line M less Line Z) \$ _____ to Line 3

SCHEDULE Y BUSINESS ALLOCATION FORMULA

| NON-RESIDENT BUSINESS ONLY | a. LOCATED EVERYWHERE | b. LOCATED IN THE VILLAGE | c. PERCENTAGE (b/a) |
|--|-----------------------|---------------------------|---------------------|
| STEP 1. Average value real & tangible personal property | _____ | _____ | |
| Gross annual rentals paid times 8 | _____ | _____ | |
| Total Step 1 | _____ | _____ | _____ % |
| STEP 2. Wages, salaries, etc., paid | _____ | _____ | _____ % |
| STEP 3. Gross receipts from sales &/or services | _____ | _____ | _____ % |
| STEP 4. Total Percentages | | _____ % | |
| STEP 5. Average Percentage (divide total percentages by number of factors used): to Line 5 | | | _____ % |

TAX CREDIT WORKSHEET

Use this format for each municipality

| | (1) | (2) |
|---|------------|------------|
| STEP 1 Name of municipality | _____ | _____ |
| STEP 2 Tax withheld or paid (W-2, K-1, return) | \$ _____ | \$ _____ |
| STEP 3 Less refund (NRR, TER, etc.) | \$ (_____) | \$ (_____) |
| STEP 4 Net tax withheld or paid | \$ _____ | \$ _____ |
| STEP 5 Multiply by factor (see Table #1) | X _____ | X _____ |
| STEP 6 Ottawa Hills credit | \$ _____ | \$ _____ |
| Total Credit (total Step 6 amounts) to Line 10b | \$ _____ | \$ _____ |

| TABLE #1 | |
|--------------------|---------|
| Municipal Tax Rate | Factor* |
| 2.25% | .333 |
| 2.0% | .375 |
| 1.5% | .50 |
| 1% | .50 |

*FACTOR = (Lower tax rate divided by other municipal tax rate) multiplied by 50%

(Ottawa Hills tax credit limited to 50% of the lesser tax rate on the same income taxable to both cities)