

**VILLAGE OF OTTAWA HILLS INCOME TAX RETURN 2018**  
 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 OH18TF

C/O \_\_\_\_\_ ONOL \_\_\_\_\_

REF \_\_\_\_\_

NRR \_\_\_\_\_ USED \_\_\_\_\_

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 Page 2 Wage Worksheet (1) \$ \_\_\_\_\_
2. **BUSINESS INCOME** from Other Income Page 2 or Page 3 Worksheet (2a) \$ \_\_\_\_\_ Loss carryforward (2b) \$ \_\_\_\_\_
3. **INCOME SUBJECT TO OTTAWA HILLS TAX** (Add Line 1 to Line 2) (3) \$ \_\_\_\_\_
4. **OTTAWA INCOME TAX** (Line 3 x 1.5%) (4) \$ \_\_\_\_\_
5. **CREDITS AND PAYMENTS** Attach all W-2s and/or verification of tax paid on city return
  - a. Tax withheld to Ottawa Hills (a) \$ \_\_\_\_\_
  - b. Ottawa Hills Tax Credit (see Page 2 Wage Worksheet) (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 (5e) \$ \_\_\_\_\_
6. **TOTAL TAX DUE** (Line 4 - Line 5e) (6) \$ \_\_\_\_\_
7. **LATE FILING** Interest and Penalty must be included if tax is paid after April 15<sup>th</sup>
  - a. Interest @ .583% per month or fraction thereof on taxes paid after April 15<sup>th</sup> (a) \$ \_\_\_\_\_
  - b. Penalty @ 15% on taxes paid after April 15<sup>th</sup> (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 (7d) \$ \_\_\_\_\_
8. **TOTAL AMOUNT DUE** (Line 6 + Line 7d), **PAYMENT MUST ACCOMPANY THIS RETURN** (8) \$ \_\_\_\_\_

**MAKE CHECK PAYABLE TO: OTTAWA HILLS TAX**

**Online:** Visa, MasterCard, American Express and Discover: [www.ottawahills.org](http://www.ottawahills.org) Click on Resident Services/Income Tax.

AMOUNTS OF \$10.00 OR LESS WILL NOT BE REFUNDED, BILLED, OR CARRIED FORWARD

9. **OVERPAYMENT** If credits (Line 5e) exceed tax (Line 4) (9) \$ \_\_\_\_\_
  - a. Amount of Line 9 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 1, 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
<b>LESS NON-RES WAGES</b>					< >
<b>TOTALS</b>					

(to Page 1 Line 5a)

(to Page 1 Line 5b)

(to Page 1 Line 1)

**OTHER INCOME WORKSHEET**

<b>PROFIT (LOSS) FROM FED 1040 SCH C, FEDs 1065, 1120, 1120S, 1041</b> (attach copies)	\$ _____
<b>ORDINARY INCOME FROM 4797</b> (IRC 1245 & 1250 property, attach Form 4797)	\$ _____
<b>PROFIT (LOSS) FROM RENTALS SCHEDULE E PAGE 1</b> (attach copies)	\$ _____
<b>PROFIT (LOSS) FROM PASS-THROUGH ENTITIES SCHEDULE E PAGE 2</b> (attach copies & entity list)	\$ _____
<b>PROFIT (LOSS) FROM FARMING (SCH F) &amp; FARM RENTAL (FORM 4835)</b> (attach copies)	\$ _____
<b>OTHER INCOME FROM FED 1040 SCH 1 LINE 21</b> (1099-MISC, CANCELANON OF DEBT) (attach copies)	\$ _____
<b>LOTTERY AND GAMBLING WINNINGS INCLUDING W-2G</b> (attach copies)	\$ _____
<b>NET INCOME (LOSS)</b> to Page 3 Worksheet for deduction of losses or Page 1 Line 2 if no loss deduction	\$ _____

**SCHEDULE X** Use this reconciliation with federal income tax return only if the item is included on Line 2 Page 1.

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. Other income exempt from Village Tax	\$ _____
F. Aggregated net loss	\$ _____	Explain _____	\$ _____
G. Other	\$ _____		
M. Total Additions	\$ _____	Z. Total Deductions	\$ _____
<b>NET ADJUSTMENTS (Line M less Line Z)</b>	\$ _____	to Page 3 Worksheet 2 Step 1b	

**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 (total percentages / number of factors used): to Page 3 Worksheet 2 Step 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)	\$ (_____)	\$ (_____)
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 Page 1 Line 5b	\$ _____	\$ _____

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)

**Business Loss Carryforward Application Worksheet**

These worksheets are to assist taxpayers to determine taxable business income by applying the different kinds of losses and, for non-resident businesses, applying the allocation percentage.

**Worksheet 1**

Worksheet 1 collects the prior 5 years of losses, listing them into the 2 categories of losses for use against business income as determined by law.

<u>Old NOL 2013</u>	<u>Old NOL 2014</u>	<u>Old NOL 2015</u>	<u>Old NOL 2016</u>	<u>New NOL 2017</u>

Total Old NOL.....\$ \_\_\_\_\_

Total New NOL.....\$ \_\_\_\_\_ 50% Phase-in limitations apply (see worksheets below)

**Worksheet 2**

Worksheet 2 is for **Non-Resident Businesses** to apply the 2 kinds of losses with the limitations and allocate remaining income according to Schedule Y Page 2. **Resident Businesses** use this worksheet but do not allocate on Step 6.

- Step 1. a. Total business income from Other Income Page 2.....\$ \_\_\_\_\_  
           b. Schedule X net adjustment Page 2.....\$ \_\_\_\_\_
- Step 2. Adjusted Business Income (Line 1a +/- 1b).....\$ \_\_\_\_\_  
       If net loss, stop here and enter the amount on Page 1 Line 2a
- Step 3. New NOL from 2017 from Worksheet 1.....\$ \_\_\_\_\_ If no loss, enter \$0
- Step 4. Using the smaller of Step 2 and Step 3, multiply by 50%.....\$ \_\_\_\_\_
- Step 5. Subtract Step 4 from Step 2.....\$ \_\_\_\_\_
- Step 6. Multiply Step 5 by allocation percentage from Schedule Y page 2.....\$ \_\_\_\_\_
- Step 7. List total Old NOL from Worksheet 1 (if any).....\$ \_\_\_\_\_
- Step 8. Subtract Step 7 from 6 (enter 0 for losses greater than Step 6).....\$ \_\_\_\_\_  
       This is your total Taxable Business Income to go to Page 1 Line 2b

**Worksheet 3**

Worksheet 3 is for **Residents** with business income to apply the 2 kinds of losses with the limitations.

- Step 1. Total business income from Other Income Page 2.....\$ \_\_\_\_\_  
       If net loss, stop here and enter the amount on Page 1 Line 2a
- Step 2. New NOL (2017 loss carryforward) from Worksheet 1.....\$ \_\_\_\_\_ If no loss, enter \$0
- Step 3. Using the smaller of Step 1 and Step 2, multiply by 50%.....\$ \_\_\_\_\_
- Step 4. Subtract Step 3 from Step 1.....\$ \_\_\_\_\_
- Step 5. List total Old NOL from Worksheet 1 (if any).....\$ \_\_\_\_\_
- Step 6. Subtract Step 5 from Step 4 (enter 0 for losses greater than Step 4).....\$ \_\_\_\_\_  
       This is your Taxable Business income to go to Page 1 Line 2b