

INCOME TAX RETURN (FORM R)
DUE BY APRIL 15th
FOR THE CALENDAR YEAR 2008
IF PARTIAL YEAR OR FISCAL PERIOD
GIVE DATES: THRU
TAX RATE CHANGED TO 1.9% AS OF 1/1/07

MAKE CHECK OR MONEY ORDER
PAYABLE TO
CITY OF ZANESVILLE

FILE WITH:
CITY OF ZANESVILLE
DIVISION OF INCOME TAX
401 MARKET ST
ZANESVILLE, OHIO 43701
PHONE (740) 455-0611

Social Security No.
Business give Fed. I.D. No.
Occupation:

If Name or Address is incorrect,
Make Necessary Changes

OFFICE USE ONLY

Did you file a Zanesville Return in Previous Years? YES NO
Phone Number
If Moved During Year of This Return Give Date of Move INTO CITY OUT OF CITY
Check your status as a taxpayer: Resident Full Yr. Part Yr. Non-Resident Proprietor Partner Non-Resident Corporation Partnership Rental

1. ENTER TOTAL COMPENSATION RECEIVED BEFORE ANY PAYROLL DEDUCTIONS AND BEFORE INCOME IS DEFERRED

Table with 3 columns: PRINT EMPLOYER'S NAME, WHERE EMPLOYED, WAGES, ETC. Includes instruction: ATTACH W-2'S, 1099'S AND FED 1040 (Pg. 1) TO BACK OF THIS FORM

LESS: 2106 EXPENSES ONLY (2% LIMITATION) ATTACH SCH A AND 2106 FORMS.

Table for tax calculation: 1A. TOTAL IF NO OTHER TAXABLE INCOME, COMPUTE YOUR TAX ON LINE 4. 2. Profit or loss from Income Other Than Wages... 3. Total Taxable Income... 4. Multiply Taxable Income by 1.9%... TAX AMOUNT BEFORE ANY CREDITS... 5. Credits: (A) Zanesville Tax withheld... (B) Payments made on Declaration of Estimated Tax... (C) Credit allowed for Tax Paid Other Cities... (D) Prior Year Overpayment... (E) Total Credits... 6. Balance Due... 7. Add Penalty plus interest... 8. Total Amount Due... PAYMENT TO ACCOMPANY RETURN IF \$1 OR MORE... 9. OVERPAYMENT REFUNDED... \$ OR CREDITED TO EST. TAXES \$

DECLARATION OF ESTIMATED TAX FOR YEAR 2009

Table for declaration: A. INCOME SUBJECT TO TAX \$ TIMES TAX RATE OF 1.9% FOR GROSS TAX OF \$ B. LESS EXPECTED TAX CREDITS: 1. TAX WITHHELD BY EMPLOYER \$ 2. PAYMENTS ON TAXABLE INCOME TO ANOTHER MUNICIPALITY \$ 3. TOTAL CREDITS \$ C. NET TAX DUE (LINE A LESS LINE B3) \$ 1. OVERPAYMENT FROM PRIOR YEAR(S) \$ D. AMOUNT PAID WITH THIS DECLARATION (1/4 LINE C, LESS LINE C1) \$ E. BALANCE OF ESTIMATED TAX \$

TOTAL AMOUNT DUE \$ (LINE 8) + \$ (LINE D) =

I CERTIFY THAT I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENT(S) AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT & COMPLETE. IF PREPARED BY PERSON OTHER THAN TAXPAYER, THE DECLARATION IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE.

Signature of Preparer Date Signature of Taxpayer Date

**THIS SECTION TO BE COMPLETED ONLY BY THOSE WHO HAVE PROFIT OR LOSS FROM INCOME OTHER THAN WAGES.**

10. PROFIT OR LOSS FROM ANY BUSINESS OWNED (Attach Federal Schedule C, Corp 1120, 1041, 1065, 1120a and Schedules Corporations; Partnership; fiduciary fees, etc.) ..... \$ \_\_\_\_\_

**SCHEDULE X - RECONCILIATION WITH FEDERAL INCOME TAX RETURN FOR BUSINESS. CORPORATE & PARTNERSHIP USE ONLY**

ITEMS NOT DEDUCTIBLE		ITEMS NOT TAXABLE	
A. CAPITAL/ORDINARY IRS SECTION 1231 LOSSES DEDUCTED .....	\$ _____	I. CAPITAL/IRS SECTION 1231 GAINS .....	\$ _____
B. 5% OF EXPENSES NOT ATTRIBUTABLE TO SALE, EXCHANGE OR OTHER DISPOSITION OF IRS SECTION 1221 PROPERTY .....	_____	J. INTEREST EARNED OR ACCRUED .....	_____
C. FEDERALLY DEDUCTED TAXES BASED ON INCOME .....	_____	K. DIVIDENDS .....	_____
D. GUARANTEED PAYMENTS TO PARTNERS (NOT INCLUDED WITH NET PROFITS).....	_____	L. INCOME PATENTS & COPYRIGHTS .....	_____
E. QUALIFIED RETIREMENT, HEALTH INSURANCE & LIFE INSURANCE PLANS ON BEHALF OF OWNERS/OWNER EMPLOYEES .....	_____	M. OTHER EXEMPT INCOME (ATTACH DOCUMENTATION OR EXPLANATION) .....	_____
F. CONTRIBUTIONS .....	_____	_____	_____
G. OTHER EXPENSES NOT DEDUCTIBLE (EXPLAIN) _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	N. TOTAL DEDUCTIONS .....	_____
H. TOTAL ADDITIONS .....	_____	_____	_____
11. TOTAL ADJUSTMENTS TO FEDERAL NET PROFIT (LINE H minus N) .....	\$ _____	_____	_____
12. TOTAL OF LINE 10 plus/minus LINE 11 .....	_____	_____	\$ _____

**SCHEDULE Y - BUSINESS ALLOCATION FORMULA (ALL APPLICABLE SECTIONS MUST BE COMPLETED)**

NON-RESIDENT:	a. LOCATED EVERYWHERE	b. LOCATED IN ZANESVILLE	c. PERCENTAGE (b ÷ a)
STEP 1. AVERAGE VALUE 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. <b>AVERAGE PERCENTAGE (Divide Total Percentages by Number of Percentages used, Zero not used)</b> .....	_____	_____	_____ %
13. ZANESVILLE TAXABLE INCOME (Line 12 multiplied by Line 5, Sch. Y) .....	_____	_____	\$ _____
14. RENTAL INCOME (Attach Federal Schedule E) .....	_____	_____	\$ _____
15. OTHER INCOME (Not Reported Line 1, 12 or 14 - Attach Schedule) .....	_____	_____	\$ _____
16. TOTAL OTHER TAXABLE INCOME (LOSS) SUM LINE 13, 14 and 15 .....	_____	_____	\$ _____
17. PRIOR PERIOD LOSSES (Attach Schedule) Limited to 5 yrs. forward (None back) .....	_____	_____	( _____ )
18. TOTAL ZANESVILLE INCOME (Line 16 minus 17, ENTER HERE AND ON PAGE 1) .....	_____	_____	\$ _____

**SUPPORTING SCHEDULES AND ADDITIONAL INFORMATION**

Answer all questions below and supply additional information if applicable.

1. Cost of Goods Sold and/or Operations (Federal Sch. "C-1" or "A") \_\_\_\_\_
2. Rents (Paid to) Name and Address \_\_\_\_\_
3. Commissions paid Name and Address and/or 1099. \_\_\_\_\_
4. Schedule of "Other Deductions." \_\_\_\_\_
5. Subcontractor Listing and/or Form 1099. \_\_\_\_\_
6. Partnerships must supply copies of K-1. \_\_\_\_\_
7. If business is terminated, give date \_\_\_\_\_  
Successor's Name & Address \_\_\_\_\_
8. Rental property subject to City Tax was sold on \_\_\_\_\_ To (Name and Address) \_\_\_\_\_