

INCOME TAX RETURN (FORM R)
DUE BY APRIL 15th
FOR THE CALENDAR YEAR 2009
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

If Name or Address is incorrect,
Make Necessary Changes.

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

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. Proprietor Corporation
Part Yr. Partner Partnership
Non-Resident Professional Rental

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

Table with 4 columns: PRINT EMPLOYER'S NAME, WHERE EMPLOYED, WAGES, ETC., and 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.

1A. TOTAL IF NO OTHER TAXABLE INCOME, COMPUTE YOUR TAX ON LINE 4 TOTAL WAGES, ETC. \$

- 2. Profit or loss from Income Other Than Wages From Page 2, Line 18 and Other Adjustments (Attach Schedules)
3. Total Taxable Income (Line 1A and 2). (See instructions 3 and 4). If Line 2 is a loss do not deduct from Line 1A
4. Multiply Taxable Income by 1.9% (.019) TAX AMOUNT BEFORE ANY CREDITS
5. Credits (A) Zanesville Tax withheld by Employer(s) S
(B) Payments made on Declaration of Estimated Tax
(C) Credit allowed for Tax Paid Other Cities (up to 1.9%)
BE SURE W-2 SHOWS TAX PAID TO ANOTHER CITY OR ATTACH COPY OF OTHER CITY RETURN
(D) Prior Year Overpayment that has not been refunded
(E) Total Credits
6. Balance Due [Line 4 less Line 5 (E)]
7. Add Penalty plus interest @1% per Month if paying after due date
8. Total amount Due (Line 6 plus Line 7) PAYMENT TO ACCOMPANY RETURN IF \$1 OR MORE
9. OVERPAYMENT REFUNDED \$ OR CREDITED TO EST. TAXES\$

DECLARATION OF ESTIMATED TAX FOR YEAR 2010

- 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 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.

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