

INCOME TAX RETURN (FORM R)
DUE BY APRIL 18th
FOR THE CALENDAR YEAR 2015
IF PARTIAL YEAR OR FISCAL PERIOD
GIVE DATES: THRU

RETURN REQUIRED EVEN THOUGH TAX IS WITHHELD

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) 455-0601 EXT 137

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 calculations: 1A. TOTAL IF NO OTHER TAXABLE INCOME, COMPUTE YOUR TAX ON LINE 4. Includes rows for Profit or loss, Total Taxable Income, Tax Amount Before Any Credits, Credits (A-E), Balance Due, Add Penalty, Total Amount Due, and Overpayment Refunded.

DECLARATION OF ESTIMATED TAX FOR YEAR 2016 (DUE APRIL 18 WITH FIRST QUARTER PAYMENT)

VOUCHER 1 File If Tax Balance Due For 2015 Was Over \$200.00. Table for estimated tax payments due: 1. Income subject to tax, 2. Less Expected Tax Credits (A-D), 3. Net Tax Due, 4. Amount due with this declaration. Includes 2015 Balance Due, 2016 First Quarter Pmt, and Total Due.

I CERTIFY THAT I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) 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. CHECK THIS BOX TO AUTHORIZE US TO DISCUSS YOUR RETURN WITH YOUR PREPARER.

PREPARER (PLEASE PRINT) DATE SIGNATURE OF TAXPAYER DATE
ADDRESS SIGNATURE OF SPOUSE (IF JOINT FILING) DATE
PHONE NUMBER PHONE NUMBER

**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 (ENTER TOTAL ON PG 1 - LINE 2) .....			\$ _____

**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) \_\_\_\_\_