

FILE WITH:  
**CITY OF ZANESVILLE**  
**DIVISION OF INCOME TAX**  
**401 MARKET ST**  
**ZANESVILLE, OHIO 43701**  
**PHONE (740) 617-4918**

**2018 ZANESVILLE**  
**INCOME TAX RETURN**  
**MANDATORY FILING FOR RESIDENTS**  
**DUE ON OR BEFORE APRIL 15, 2019**

MAKE CHECK OR MONEY ORDER  
 PAYABLE TO  
**CITY OF ZANESVILLE**

ALL RESIDENTS OF ZANESVILLE **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. ANYONE RECEIVING THIS FORM IS ON ACTIVE STATUS AND **WILL** NEED TO FILE THE RETURN.

Your Social SS# \_\_\_\_\_ Spouse's SS# Number \_\_\_\_\_ Phone: \_\_\_\_\_

Did you file a Zanesville return in previous years?  Yes  No      Will you have city taxable income next year?  Yes  No      If moved during this year give date of move \_\_\_\_\_  
 Into city \_\_\_\_\_ Out of city \_\_\_\_\_

1. TOTAL GROSS WAGES, SALARIES, TIPS & OTHER COMPENSATION ( <b>Box 5 or Box 18 on each W2 whichever is largest</b> ) ( <b>Attach W-2's and/or 1099's</b> ) .....	\$ _____
2. DEDUCT EMPLOYEE BUSINESS EXPENSE (2% LIMITATION) if applicable ( <b>Attach Federal Form 2106 and Schedule A</b> ) .....	\$ _____
3. OTHER TAXABLE INCOME (NOTE: Losses cannot offset W-2 income) A. Business Profit or Loss ( <b>Attach Federal Schedule C</b> ) ..... \$ _____ B. Rental Income or Loss ( <b>Attach Federal Schedule E</b> ) ..... \$ _____ Prior loss (2017 - 50%) ..... \$ _____ C. Total other taxable income ..... \$ _____	\$ _____
4. Zanesville Taxable Income - Line 1 - less line 2 - plus line 3C .....	\$ _____
5. Zanesville Tax <b>1.9%</b> of line 4 .....	\$ _____
6. CREDITS A. Zanesville Tax withheld by Employer(s) ..... \$ _____ B. Credit allowed for other cities ( <b>up to 1.9%</b> ) ..... \$ _____ ( <b>Attached</b> ) ( <b>W-2 must show tax paid to other cities or attach copy of other city return</b> ) C. Payments made on Declaration of Estimated Tax ..... \$ _____ D. Prior Year Overpayment that has not been refunded ..... \$ _____ E. Total Credits (Add Lines 6A thru 6D) ..... \$ _____	\$ _____
7. Balance Tax Due (Subtract Line 6E from Line 5) .....	\$ _____
8. <b>Late Filing: Interest &amp; Penalty on Returns Filed/Paid after April 15</b> A. Interest @ 0.500% per month or fraction thereof on unpaid tax ..... \$ _____ B. Penalty @ 15% on unpaid taxes ..... \$ _____ C. Late filing fee @ \$25.00 per month filed late (max \$150.00) ..... \$ _____ D. TOTAL of Line 8a, 8b, and 8c ..... \$ _____	\$ _____
9. <b>Total Amount Due (Line 7 plus Line 8d)</b> ..... <b>PAYMENT MUST ACCOMPANY FORM</b> <b>AMOUNTS \$10 OR LESS WILL NOT BE BILLED, REFUNDED OR CARRIED FORWARD</b>	\$ _____
10. Overpayment refunded \$ _____ or Credited to Est. Taxes ..... \$ _____	\$ _____

**DECLARATION OF ESTIMATED TAX FOR YEAR 2019 (DUE APRIL 15 WITH FIRST QUARTER PAYMENT)**

<b>VOUCHER 1</b>	<b>File If Tax Balance Due For 2018 Was Over \$200.00</b> 1. Income subject to tax \$ _____ Times rate of <b>1.9%</b> for gross ..... \$ _____ 2. Less Expected Tax Credits: A. Tax withheld by employer ..... \$ _____ B. Income Tax paid to other cities (cannot be higher than <b>1.9%</b> ) ..... \$ _____ C. Overpayment from prior years ..... \$ _____ D. Total Credits (Add lines 2A, B & C) ..... \$ _____ 3. Net Tax Due (line 1 less line 2D) ..... \$ _____ 4. Amount due with this declaration (1/4 of line 3) ..... \$ _____	\$ _____
<b>TOTAL AMOUNT DUE</b>	<b>2018 Balance Due \$ _____ 2019 First Quarter Pmt \$ _____ Total Due</b> .....	\$ _____

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> .....	_____	_____	_____ %

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