

City of Dover, Ohio Income Tax Return

For calendar year ending December 31 or fiscal period from _____ through _____

File this return on or before April 15, or within 4 months of close of fiscal year.

Requests for extensions must be submitted in writing on or before April 15.

City of Dover Income Tax
www.doverohio.com
 122 E. Third St.
 Dover, Ohio 44622
 330-343-6299 Fax 330-343-2775

TAXPAYER SOCIAL SECURITY NO. _____

SPOUSE SOCIAL SECURITY NO. _____

OFFICE USE ONLY

\$ _____

Processed by _____

CASH M.O.
 Check

Home Phone _____

Work Phone _____

Do you rent? _____ Landlord Name _____

MAKE NAME AND ADDRESS CORRECTION

Did you move into or out of Dover during the year? () Yes () No

Date Moved INTO Dover _____

Previous Address _____

Date Moved OUT of Dover _____

Present Address _____

NOTE: ANYONE RECEIVING A PRE-PRINTED FORM IS ON ACTIVE STATUS AND WILL NEED TO FILE A RETURN

1. TOTAL WAGES (ALL W-2 COPIES AND 1099 COPIES MUST BE ATTACHED)		For Wages, Use Medicare Wage Box (see instructions)			
EMPLOYER NAME	WHERE EMPLOYED	DOVER TAX WITHHELD	TAX PAID OTHER CITIES	TOTAL W-2 & 1099 WAGES	
TOTALS		\$	\$	\$	

2. Other Taxable Income (including gambling winnings) 2. \$ _____

3. Business Income:

A. Rental Income from Page 2, Schedule G (Attach Federal Forms) 3A. \$ _____

B. Net Profit from Business from Page 2, Schedule H (Attach Federal Forms) 3B. \$ _____

C. Partner's Distributive Share of Partnership Income (Attach K-1's) 3C. \$ _____

D. Total Business Income 3D. \$ _____

NOTE: Business or rental losses may not be used to offset wages.

4. Deductions:

A. Wages earned outside Dover by part-year resident 4A. \$ _____

B. Allowable 2106 Expenses - See instructions (Attach Form 2106 and Schedule A) 4B. \$ _____

5. Taxable Income (Add lines 1, 2 and 3D and subtract lines 4A and 4B) 5. \$ _____

6. Dover City Tax (1 1/2% of Line 5) 6. \$ _____

7. Credits:

A. Dover Tax withheld by employer(s) 7A. \$ _____

B. Income Tax paid to other cities (Not to exceed 1 1/2% of income taxed in that City) 7B. \$ _____

C. Payment of Declaration of Estimated Tax (or Credit Carryover) 7C. \$ _____

D. Total Credits (Add A, B, C) 7D. \$ _____

8. Balance Tax Due, If Line 6 exceeds line 7D 8. \$ _____

9. Overpayment Claimed, If Line 7D exceeds Line 6 9. \$ _____

10. CREDIT to next year estimate (if no estimate due use Line 11) 10. \$ _____

11. To be REFUNDED (if estimate due use Line 10) 11. \$ _____

NOTE: If under eighteen, need proof of age for refund.

12. Late filing penalty & interest - returns filed or postmarked after April 15th, enter \$25.00 or 10% of line 8 whichever is greater. Interest \$ _____ (1% per month) 12. \$ _____

13. Total amount due - MUST BE PAID IN FULL WITH THIS RETURN No taxes or refunds of less than \$1.00 shall be collected or refunded 13. \$ _____

DECLARATION OF ESTIMATED TAX FOR _____

1. Total income subject to Dover tax \$ _____ @ 1 1/2% 1. \$ _____

2. LESS TAX TO BE WITHHELD

A. By a Dover employer 2A. \$ _____

B. By an employer in _____ (name of City) 2B. \$ _____

3. Balance estimated Dover tax 3. \$ _____

4. LESS CREDITS: A. Overpayment on Prior Year Return 4A \$ _____

B. Other (Specify) 4B \$ _____ Total Credits 4. \$ _____

5. Net Tax Due (line 3 less total of line 4) 5. \$ _____

6. Amount paid with this return (not less than 25% of line 5) (Make payable to City of Dover) 6. \$ _____

7. Balance of Tax 7. \$ _____

I CERTIFY THAT I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) AND TO THE BEST OF MY KNOWLEDGE, I BELIEVE IT IS TRUE, CORRECT AND COMPLETE.

If this return was prepared by a Tax Practitioner, please check here if we may contact them directly with questions regarding the preparation of this return.

Signature of Person Preparing, if Other Than Taxpayer _____ Date _____

Signature of Taxpayer or Agent Required _____ Date _____

Address or Name and Address of Firm _____

Spouse's Signature _____ Date _____

>>>> ATTACH W-2 FORMS HERE FACING OUT <<<<

Disregard this page if entire taxable income is from salary and wages

SCHEDULE G		RENTAL INCOME - Attach Federal Schedule E or Form 8825 or complete this table.				
KIND & LOCATION OF PROPERTY	AMOUNT OF RENT	DEPRECIATION	REPAIRS	OTHER EXPENSES	NET INCOME (LOSS)	
NET INCOME (OR LOSS) SCHEDULE G					PAGE 1, LINE 3A \$	

NOTE: Losses for rentals located outside the City can only be used to offset profits from rental units located outside the City.

Ohio's Municipal Income Tax Reform (House Bill 95) created a uniform Net Profits Base. Returns must comply with Ohio Revised Code 718.01. Excluding Schedule C, E and F filers, taxable income shall be computed as if the taxpayer is a C corporation. Include all schedules and statements to support your income calculation. Returns which do not comply will be amended by the Tax Department or returned to the taxpayer for resubmission.

SCHEDULE H		BUSINESS INCOME (including Schedule C filers) - Attach all federal schedules and supporting statements	
FEDERAL TAXABLE INCOME BEFORE NET OPERATING LOSSES AND SPECIAL DEDUCTIONS per attached return (Form 1120, Line 28; Form 1120S, Schedule K, Line 23; Form 1120A, Line 24; Form 1065 "Analysis of Net Income (Loss)", Line 1; Form 1041; Line 17, Form 990T, Line 30)			
ADD ITEMS NOT DEDUCTIBLE under Income Tax Ordinance (per Line h, Schedule X)	1.	\$	_____
DEDUCT ITEMS NOT TAXABLE under Income Tax Ordinance (per Line i, Schedule X)	2.	\$	_____
ADJUSTED NET PROFIT (Line 1 plus Line 2 minus Line 3)	3.	\$	_____
BUSINESS ALLOCATION FORMULA - Average Percentage (Schedule Y) (if applicable)	4.	\$	_____
APPORTIONED NET PROFITS (Multiply Line 4 by Line 5) - Enter on Page 1, Line 3B	5.		_____ %
	6.	\$	_____

SCHEDULE X		RECONCILIATION WITH FEDERAL INCOME TAX RETURN - UNIFORM NET PROFITS BASE			
ITEMS NOT DEDUCTIBLE		ADD	ITEMS NOT TAXABLE		DEDUCT
a.	Capital Losses (IRC 1221 or 1231)	\$ _____	i.	Capital Gains (IRC 1221 or 1231 property, except to the extent the income and gains apply to those described in IRC section 1245 or 1250)	\$ _____
b.	5% of intangible property except that from IRC 1221 or 1231 property disposition	\$ _____	j.	Intangible Income:	
c.	Taxes based on income (state, city)	\$ _____		Interest	\$ _____
d.	Guaranteed payments or accruals to or for current or former partners or members	\$ _____		Dividends	\$ _____
e.	Amounts for qualified self-employed retirement, health & life insurance plans for owners of non-C corporation entities	\$ _____	k.	Patents, copyrights, etc.	\$ _____
f.	All amounts allowed as a deduction in the computation of federal taxable income for REIT or RIC.	\$ _____		Other (Explain)	\$ _____
g.	Other (Explain)	\$ _____		_____	\$ _____
		\$ _____		_____	\$ _____
h.	Total additions (Line 2, Schedule H above)	\$ _____	i.	Total deductions (Line 3, Schedule H above)	\$ _____

SCHEDULE Y		BUSINESS ALLOCATION FORMULA - FOR NON-RESIDENT BUSINESS ENTITIES ONLY		
		A. Located Everywhere	B. Located in Dover	C. Percentage (B/A)
STEP 1	Avg original book value of real & tangible property	\$ _____	\$ _____	
	Gross annual rentals multiplied by 8	\$ _____	\$ _____	
	Total Step 1	\$ _____	\$ _____	_____ %
STEP 2	Total wages, salaries, commissions and other compensation paid to all employees	\$ _____	\$ _____	_____ %
STEP 3	Gross receipts from sales and work or services performed	\$ _____	\$ _____	_____ %
STEP 4	Total of percentages			_____ %
STEP 5	Average percentage (Divide total percentages by number of percentages used) (Line 5, Schedule H above)			_____ %

SCHEDULE Z		PARTNERS' DISTRIBUTIVE SHARE OF NET INCOME - FROM FEDERAL SCHEDULES 1065K AND 1099					
1. NAME AND MUNICIPALITY OF EACH PARTNER	2. Resident		3. Distributive Shares of Partners		4. Other Payments	5. Taxable Percentage	6. Amount Taxable
	Yes	No	Percent	Amount			
7. Totals from Schedule G and H Above			100%	\$			

NOTE: Schedule Z must be completed by all partnerships and associations filing returns. Amounts must correspond to amounts reported in Schedule G and Schedule H above.