

**INCOME TAX RETURN - VILLAGE OF ANSONIA**

File with  
**INCOME TAX DEPARTMENT**  
 P.O. Box 607  
 Ansonia, Ohio 45303  
 PH (937) 337-5005

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Make Checks and Money Orders  
 Payable to  
 Ansonia - Income Tax

Fiscal Period \_\_\_\_\_ to \_\_\_\_\_  
 CALENDAR YEAR TAXPAYERS FILE ON OR BEFORE APRIL 15  
 FISCAL and PARTIAL YEARS WITHIN 105 DAYS of end of period

Residency Status (check one)  
 Resident  
 Non-Resident  
 Partial Year Resident  
 From \_\_\_\_\_ To \_\_\_\_\_

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Soc. Sec. # H \_\_\_\_\_  
 Soc. Sec. # W \_\_\_\_\_  
 Fed. I.D. # \_\_\_\_\_

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Date of Move \_\_\_\_\_  
 Present Address \_\_\_\_\_

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Name of Landlord \_\_\_\_\_  
 Address \_\_\_\_\_

IF ADDRESS IS INCORRECT, PLEASE MAKE CORRECTION

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State Zip \_\_\_\_\_

1. Qualifying Wages and other employee compensation (**Attach all W-2's and 1099's**) ... \$ \_\_\_\_\_
  2. Income Other Than Wages (Attach Appropriate Schedules) ..... \$ \_\_\_\_\_
  3. Adjustments From Schedule "X" (Back of Sheet) ..... \$ \_\_\_\_\_
  4. TOTAL INCOME (Total 1, 2 and 3) ..... \$ \_\_\_\_\_
  5. Amount Allocable to Municipality - If Schedule "Y" Is Used (Back of Sheet) ..... %
  6. Total Taxable Income (Line 1, 4 or 5) ..... \$ \_\_\_\_\_
  7. Municipal Tax Due (**Tax Rate -1% of Line 6**) ..... \$ \_\_\_\_\_
  8. Credits
    - A. Local City Tax Withheld ..... \$ \_\_\_\_\_
    - B. Estimated Tax Paid and/or Credit ..... \$ \_\_\_\_\_
    - C. Other City Tax Withheld (see paragraph 6 of Gen. Instructions) .. \$ \_\_\_\_\_
    - D. Total Credits Allowable (Total 8A,8B,8C) ..... \$ \_\_\_\_\_
  9. Tax Due (Line 7 Less 8D) ..... \$ \_\_\_\_\_
  10. A. Penalty \$ \_\_\_\_\_  
 B. Interest \$ \_\_\_\_\_
  11. Total Amount Due (Make Check Payable to Village of Ansonia) ..... \$ \_\_\_\_\_
  12. AMOUNT PAID WITH THIS RETURN ..... \$
  13. Overpayment (Line 8D Less 7) ... \$ \_\_\_\_\_ **PAY THIS AMOUNT ↑**
    - A. Credited to Next Year's Tax .... \$ \_\_\_\_\_
    - B. Refunded ..... \$ \_\_\_\_\_
- NO REFUND GIVEN OR REMITTANCE DUE, IF LESS THAN \$1.00**

**DECLARATION OF ESTIMATED TAX FOR CALENDAR YEAR \_\_\_\_\_ to \_\_\_\_\_**

- Computations of Estimated Tax
14. Estimated Taxable Income for Year ..... \$ \_\_\_\_\_
  15. Estimated Tax Due ..... \$ \_\_\_\_\_
  16. Less: Tax to be withheld and/or paid to another city ..... \$ \_\_\_\_\_
  17. Balance of Estimated City Income Tax Due ..... \$ \_\_\_\_\_
  18. Credits: A. Overpayments claimed on previous year's return ..... \$ \_\_\_\_\_  
 B. Total Credits ..... ( \_\_\_\_\_ )
  19. Net Tax Due (line 19 less line 18B) ..... \$ \_\_\_\_\_
  20. Amount of tax payment enclosed with this return Attach check for at least 22.5 percent of line 19 and 100 percent of line 12 \$ \_\_\_\_\_

(TAX OFFICE USE ONLY)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Paid \_\_\_\_\_

Balance Due \_\_\_\_\_

The undersigned declares that this return (and accompanying schedules) is true, correct and complete return for the taxable period stated.

_____ Signature of Taxpayer or Agent	_____ Date	_____ Signature of Paid Preparer	_____ Date
_____ Title if Business Return		_____ Street Address of Firm or Employer	
_____ Spouse (if filing Jointly)	_____ Date	_____ City	_____ State
		_____ Telephone	

**DO NOT USE THIS PAGE IF YOUR ONLY SOURCE OF INCOME IS FROM WAGES.  
ALL APPROPRIATE FEDERAL SCHEDULES MUST BE ATTACHED.  
ANY DEDUCTIONS NOT SUPPORTED BY SCHEDULES WILL BE DISALLOWED.**

**SCHEDULE C – BUSINESS INCOME**

1. ATTACH COPIES OF FEDERAL SCHEDULES (ENTER TOTAL INCOME FROM SCHEDULES)..... 1. \_\_\_\_\_

2.A. ITEMS NOT DEDUCTIBLE (FROM LINE M SCHEDULE X) ..... 2.A \_\_\_\_\_

B. ITEMS NOT TAXABLE (FROM LINE Z SCHEDULE X)..... 2.B \_\_\_\_\_

C. DIFFERENCE BETWEEN LINES 2A AND 2B TO BE ADDED TO OR SUBTRACTED FROM LINE 1 ..... 2.C \_\_\_\_\_

3.A. ADJUSTED INCOME (LINE 1 PLUS OR MINUS 2C IF SCHEDULE X IS USED) ..... 3.A \_\_\_\_\_

B. AMOUNT OF LINE 3A ABOVE ALLOCABLE \_\_\_\_\_ % FROM STEP 5 SCHEDULE Y ..... 3.B \_\_\_\_\_

4. NET OPERATING LOSS FROM PRIOR YEARS ..... 4. \_\_\_\_\_

	2015	2016	2017	2018	2019	
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5. NET BUSINESS INCOME..... 5. \_\_\_\_\_

**SCHEDULE E – INCOME FROM RENTS**

1. ADDRESS OF PROPERTY	2. AMOUNT OF RENT	3. DEPRECIATION	4. REPAIRS	5. OTHER EXPENSES	6. NET INCOME (OR LOSS)
NET INCOME (or LOSS) SCHEDULE E.....					\$ _____

**SCHEDULE H – OTHER INCOME** (PARTNERSHIPS, ESTATES, TRUSTS, PRIZES, DIRECTOR FEES, MISCELLANEOUS, COMMISSIONS, ETC)

RECEIVED FROM	FOR (DESCRIBE)	AMOUNT
TOTAL INCOME SCHEDULE H.....		\$ _____

ADD TOTALS OF SCHEDULES C, E & H. ENTER HERE AND ON LINE 2, PAGE 1 ..... \$ \_\_\_\_\_

**SCHEDULE X – RECONCILIATION WITH FEDERAL INCOME TAX RETURN** (ATTACH SUPPORTING SCHEDULES)

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
A. Federally deducted losses from IRC 1221 or 1231 property dispositions.....	\$ _____	N. Federally reported income and gains from IRC 1221 or 1231 property dispositions except to the extent the income and gains apply to those described in IRC 1245 or 1250.....	\$ _____
B. Five percent of intangible income except that from IRC 1221 property dispositions.....	\$ _____	O. Interest earned or accrued.....	\$ _____
C. City or State income taxes.....	\$ _____	P. Dividends.....	\$ _____
D. Net operating loss deduction per Federal Return.....	\$ _____	Q. Other Intangible Income (explain).....	\$ _____
E. Federally deducted dividends, distributions, or amounts set aside for, credited to, or distributed to REIT or RIC investors.....	\$ _____	R. Amount of Federal Tax Credits to the extent they have reduced corresponding operating expenses.....	\$ _____
F. Federally deducted amounts paid or accrued to or for qualified self-employed retirement plans, health insurance plans, and life insurance plans for owners or owner-employees of non-C corporation entities.....	\$ _____	S. Not previously deducted IRC Section 179 Expense.....	\$ _____
G. Rental activities by partnership, S corp, LLC.....	\$ _____	T. Partnership, S corp, LLC charitable contributions.....	\$ _____
H. Payments to partners (form 1065).....	\$ _____	U. Other income exempt from Versailles tax (explain).....	\$ _____
I. Other expenses not deductible (explain).....	\$ _____	Z. Total (enter on line 2B at top).....	\$ _____
M. Total (enter on line 2A at top).....	\$ _____		

**SCHEDULE Y – BUSINESS APPORTIONMENT FORMULA**

	A. LOCATED EVERYWHERE	B. LOCATED IN THIS CITY	C. PERCENTAGE (B + A)
STEP 1. ORIGINAL COST OF REAL AND TANGIBLE PERSONAL PROPERTY.....	\$ _____	\$ _____	
GROSS ANNUAL RENTALS MULTIPLIED BY 8.....	\$ _____	\$ _____	
TOTAL OF STEP 1.....	\$ _____	\$ _____	_____ %
STEP 2. TOTAL WAGES, SALARIES, COMMISSIONS AND OTHER COMPENSATION PAID TO ALL EMPLOYEES.....	\$ _____	\$ _____	_____ %
STEP 3. GROSS RECEIPTS FROM SALES AND WORK/SERVICES PERFORMED.....	\$ _____	\$ _____	_____ %
STEP 4. TOTAL OF PERCENTAGES.....			_____ %
STEP 5. AVERAGE PERCENTAGE (DIVIDE TOTAL PERCENTAGES BY NUMBER OF PERCENTAGES USED) ENTER HERE ON LINE 3B, SCHEDULE C ABOVE.....			_____ %