

FILE WITH AND MAKE CHECK PAYABLE TO:

Village of Rockford
Income Tax Department
P.O. Box 282
Rockford, OH 45882
(419) 363-3032

ON OR BEFORE APRIL 15th

VILLAGE OF ROCKFORD

INCOME TAX RETURN

FILING REQUIRED EVEN IF NO TAX DUE
FOR THE CALENDAR YEAR
OR FISCAL PERIOD
TO

Office Use Only
PAID WITH THIS RETURN

\$

PROCESSED BY

IF MOVED SINCE THE PREVIOUS FINAL RETURN WAS DUE, GIVE DATE:
INTO VILLAGE OR OUT OF

ADDRESS CORRECTION REQUESTED

TAXPAYER'S NAME AND ADDRESS

Large empty box for taxpayer name and address.

FEDERAL ID #
TAXPAYER SS#
SPOUSE SS#

NOTE: PAGE 2 MUST BE COMPLETED IF YOU HAVE TAXABLE RENTAL PROPERTY OR BUSINESS INCOME.

IF YOU HAVE RETIREMENT INCOME ONLY, PLEASE CHECK HERE [], THEN SIGN, DATE AND RETURN.

- 1. GROSS WAGES, SALARIES, TIPS AND OTHER EMPLOYEE COMPENSATION (MUST ATTACH W-2 COPIES)
2. OTHER TAXABLE INCOME (LOSSES CANNOT BE DEDUCTED FROM W-2 WAGES)
3. TAXABLE INCOME: LINE 1 PLUS LINE 2
4. MUNICIPAL TAX: 1.000 % OF LINE 3
5. CREDITS
A. TAX WITHHELD BY ROCKFORD EMPLOYER
B. ESTIMATED TAX PAID
C. CREDIT FOR TAXES PAID TO OTHER OHIO CITY TAX OR INDIANA COUNTY TAX
D. PRIOR YEAR OVERPAYMENTS
E. OTHER CREDITS
F. TOTAL CREDITS
6. TAX DUE (IF LINE 4 IS GREATER THAN LINE 5F, PAYMENT OF BALANCE MUST ACCOMPANY THIS RETURN)
7. PENALTY..PENALTY 1% PER MONTH \$ INTEREST 1% PER MONTH \$
8. AMOUNT DUE BEFORE ESTIMATED TAXES
9. OVERPAYMENT REFUNDED ...\$ OR CREDITED TO EST. TAXES...

DECLARATION OF ESTIMATED TAXES FOR YEAR

- 10. INCOME SUBJECT TO TAX
11. LESS EXPECTED TAX CREDITS:
A. TAX WITHHELD BY EMPLOYER
B. PAYMENTS ON TAXABLE INCOME TO ANOTHER MUNICIPALITY
C. TOTAL CREDITS
12. NET TAX DUE (LINE 10 LESS LINE 11C)
A. OVERPAYMENT AMOUNT FORM PRIOR YEAR(S)
13. AMOUNT PAID WITH THIS DECLARATION (1/4 LINE 12, LESS LINE 12A)
14. BALANCE OF ESTIMATED TAX

TOTAL AMOUNT DUE \$ (LINE 8) + \$ (LINE 13) =

I CERTIFY THAT I HAVE EXAMINED THE 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 AN KNOWLEDGE.

SIGNATURE OF PREPARER DATE SIGNATURE OF TAXPAYER DATE

ADDRESS SIGNATURE OF TAXPAYER DATE

MUST RETURN ORIGINAL DOCUMENT WITH SIGNATURE AND DATE TO THE TAX OFFICE

SEPARATE BEFORE COMPLETING

DO NOT USE THIS PAGE IF YOUR ONLY SOURCE OF INCOME IS FROM WAGES, DIVIDENDS OR INTEREST
 AND YOU ARE ENTITLED TO DEDUCT BUSINESS EXPENSES FROM SUCH WAGES

SCHEDULE C - BUSINESS INCOME

1. ATTACH COPIES OF FEDERAL SCHEDULES (ENTER TOTAL INCOME FROM SCHEDULES)	\$ _____
2. A. ITEMS NOT DEDUCTIBLE (FROM LINE M SCHEDULE X)	\$ _____
B. ITEMS NOT TAXABLE (FROM LINE Z SCHEDULE X)	\$ _____
C. DIFFERENCE BETWEEN LINES 2A AND 2B TO BE ADDED TO OR SUBSTITUTED FROM LINE 1	\$ _____
3. A. ADJUSTED INCOME (LINE 1 PLUS OR MINUS 2C IF SCHEDULE X IS USED)	\$ _____
B. AMOUNT OF LINE ABOVE ALLOCABLE % FROM STEP 5 SCHEDULE Y	\$ _____
4. NET OPERATING LOSS FROM PRIOR YEARS, IF ALLOWED	\$ _____
5. NET BUSINESS INCOME	\$ _____

SCHEDULE E - INCOME FROM RENTS (ATTACH STATEMENT EXPLAINING COLUMNS 3, 4, AND 5)

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

SCHEDULE H - OTHER INCOME NOT INCLUDED IN SCHEDULE E FROM PARTNERSHIPS, S CORPS., ESTATES TRUSTS, FEES 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

ITEMS NOT DEDUCTIBLE		ITEMS NOT TAXABLE	
A. NET LOSS FROM CAP. OR OTHER ASSETS	\$ _____	N. CAPITAL GAINS (FROM FED. SCH.)	\$ _____
B. EXPENSES APPLICABLE TO NON-TAXABLE INCOME	\$ _____	O. INTEREST	\$ _____
C. INCOME TAXES	\$ _____	P. DIVIDENDS	\$ _____
D. LOSS CARRIED BACK	\$ _____	Q. ROYALTY INCOME (INTANGIBLE)	\$ _____
E. LOSS CARRIED FORWARD PER. FED. RTRN.	\$ _____	R. OTHER (EXPLAIN)	\$ _____
F. PYMTS TO PARTNERS/COMP. OF S. CORP. OFFICERS ...	\$ _____	_____	\$ _____
G. SICK PAY NOT INCLUDED ON PAGE 1	\$ _____	_____	\$ _____
H. CONTRIBUTIONS	\$ _____	_____	\$ _____
I. OTHER (EXPLAIN)	\$ _____	_____	\$ _____
M. TOTAL ADDITIONS	\$ _____	Z. TOTAL DEDUCTIONS	\$ _____

SCHEDULE Y - BUSINESS ALLOCATION FORMULA

	A. LOCATED EVERYWHERE	B. LOCATED IN CITY	C. PERCENTAGE (B÷A)
STEP 1. AVERAGE VALUE REAL & 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 PERCENTAGES			
STEP 6. AVERAGE PERCENTAGE (DIVIDE TOTAL PERCENTAGES BY NUMBER OF PERCENTAGES USED)			
.....ENTER HERE AND ON LINE 3B			