

CITY OF DELPHOS, OHIO
INCOME TAX DEPARTMENT • 608 N. CANAL ST. • DELPHOS, OHIO 45833

INCOME TAX RETURN

FILE BY APRIL 15TH 2022

FOR THE CALENDAR YEAR 2021

IF PARTIAL YEAR OR FISCAL PERIOD

GIVE DATES: THRU

Check your status as a taxpayer:

Resident Full Year Part Year

Non-Resident Proprietor Corporation Partner Partnership Professional Rental

SUBMIT FEDERAL RETURN, W-2 FORMS, AND ALL REFERENCED SCHEDULES

If Name or Address is incorrect, make necessary changes

Acct. No.

Social Security No. Business Fed I.D. No.

If Moved During Year Of This Return Give Date of Move INTO CITY OUT OF CITY

A. Total Qualifying Wages earned or received (generally, Box 5 of W-2 Form). ATTACH COPIES OF ALL W-2 FORMS.

Table with 5 columns: EMPLOYER'S NAME, WHERE EMPLOYED (City and State), TAX PAID TO OTHER CITIES, DELPHOS TAX WITHHELD, GROSS WAGES

- 1. TOTAL QUALIFYING WAGES: If no other taxable income enter here and Line 6
2. INCOME OTHER THAN WAGES - ATTACH FEDERAL RETURN AND SCHEDULES
3. TOTAL INCOME (Total Lines 1 and 2) LOSSES CAN NOT OFFSET W-2 WAGES
4a. ITEMS NOT DEDUCTIBLE (From Line m Schedule X Page 2) Add
4b. ITEMS NOT TAXABLE (From Line z Schedule X Page 2) Deduct
5a. ADJUSTED NET INCOME (Line 3, plus Line 4a minus Line 4b)
5b. AMOUNT ALLOCABLE TO DELPHOS IF SCHEDULE Y, PAGE 2 IS USED % of Line 5a
5c. LESS ALLOCABLE NET LOSS PER PREVIOUS DELPHOS INCOME TAX RETURN
6. AMOUNT SUBJECT TO DELPHOS CITY INCOME TAX
7. DELPHOS CITY INCOME TAX (1.75% or .0175 of Line 6)
8. DELPHOS CITY INCOME TAX WITHHELD BY EMPLOYER(S)
9. PAYMENTS AND CREDITS ON DECLARATION OF ESTIMATED TAX
10. EARNED INCOME TAXED BY OTHER CITIES, .75% CREDIT ALLOWED
11. TOTAL CREDITS (Add lines 8, 9 and 10)
12. BALANCE DUE (Line 7 less line 11)
13. LATE FILING FEE (\$25 per month up to \$150) if past due date of tax return
14. LATE PAYMENT - PENALTY 15% \$ INTEREST .42% PER MONTH \$ if past due date of tax return
15. TOTAL AMOUNT DUE - MAKE CHECK PAYABLE TO CITY OF DELPHOS, TREASURER
16. OVERPAYMENT DUE (Line 11 less line 7)

AMOUNT TO BE CREDITED TO ESTIMATE \$ AMOUNT TO BE REFUNDED \$

NO TAX DUE OR REFUNDED/CREDITED \$10.00 AND UNDER

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

Check this box to authorize us to speak directly to your tax preparer regarding your return.

Signature of Taxpayer

Date

Signature of Person Preparing, if Other Than Taxpayer

Date

Signature of Spouse

Date

Address or Name and Address of Firm or Employer

Table with 6 columns: 1. Kind of Property and Location of Property, 2. Amount received during period, 3. Depreciation, 4. Repairs, 5. Other Expenses, 6. Net Profit.

TOTAL SCHEDULE B

SCHEDULE C - PROFIT (or Loss) FROM BUSINESS OR PROFESSION

Table for Schedule C with 22 rows of business income and deduction items, including Total Business Income Before Deductions and Net Profit.

SCHEDULE H - OTHER INCOME NOT INCLUDED IN SCHEDULES B OR C

Table for Schedule H with columns: RECEIVED FROM, FOR (Describe), AMOUNT. Includes Farm Income and Total Schedules B, C, H.

SCHEDULE X - RECONCILIATION WITH FEDERAL INCOME TAX RETURN

Table for Schedule X with columns: ITEMS NOT DEDUCTIBLE, ADD, ITEMS NOT TAXABLE, DEDUCT. Lists various tax adjustments.

SCHEDULE Y - BUSINESS ALLOCATION FORMULA

Table for Schedule Y with columns: a. LOCATED EVERYWHERE, b. LOCATED IN DELPHOS, c. Percentage. Includes steps for calculating allocation percentages.