

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

INCOME TAX RETURN

FILE BY APRIL 15TH 2016

FOR THE CALENDAR YEAR 2015

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

If Name or Address is incorrect, make necessary changes

Acct. No.

MUST SUBMIT W-2's AND ALL REFERENCED SCHEDULES

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. Enter Gross Wages, Salaries, Bonuses, Commissions, VACATION PAY, SICK LEAVE PAY, and Other Compensation received before Deductions. Attach copies of W-2 forms.

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

- 1. TOTAL: If no other taxable income enter wages here and Line 6
2. OTHER INCOME - FROM PAGE 2 (Attach Federal Schedules)
3. TOTAL INCOME (Total Lines 1 and 2)
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 (Line 1 or 5 a, or 5b)
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 OHIO CITIES, .75% CREDIT ALLOWED
11. TOTAL CREDITS (Add lines 8, 9 and 10)
12. If Payments (Line 11) are less than tax (Line 7) ENTER BALANCE DUE PAY IN FULL WITH RETURN
13. If Payments (Line 11) are larger than tax (Line 7) ENTER OVERPAYMENT
14. PENALTY 1.5% PER MONTH INTEREST 1% PER MONTH FOR A TOTAL OF 2.5% PER MO.
15. AMOUNT DUE - ATTACH CHECK OR M.O. FOR FULL ABOUT DUE

NO TAX DUE OR REFUNDED UNDER \$1.01

The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated and that the figures used herein are the same as used for Federal tax purposes

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

SCHEDULE B - INCOME FROM RENTALS

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

1. Total Receipts, Less Allowances, Rebates and Returns _____	\$ _____	
2. Less: (a) Cost of Goods Sold or (b) Cost of Operations, whichever is applicable _____ (indicate labor charges included \$ _____)		
3. Gross Profit from Sales, etc. (line 1 less line 2) _____		
4. Rents Received, If Connected With Trade or Business _____		
5. Other Business Income (Specify) _____		
7. Total Business Income Before Deductions _____		\$ _____
BUSINESS DEDUCTIONS		
8. Compensation of Officers _____	\$ _____	14. Utilities _____ \$ _____
9. Salaries and Wages Not Deducted Elsewhere _____		15. Insurance _____
10. Payments to Partners _____		16. Depreciation, Amortization, Depletion _____
11. Rents paid to _____		17. Repairs _____
12. Interest on Business Indebtedness _____		18. Advertising and Promotion _____
13. a. City Income taxes on Business _____		19. Auto, Truck and Travel _____
b. Other Business Taxes _____		20. Other _____
21. Total Business Deductions (total of lines 8 to 20) _____		\$ _____
22. Net Profit (or loss) from Business or Profession (line 7 less line 21) _____		\$ _____

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

INCOME FROM PARTNERSHIPS, ESTATES & TRUSTS, FEES, ETC.		
RECEIVED FROM	FOR (Describe)	AMOUNT
Farm Income: From Federal Return _____		
TOTAL SCHEDULE H		\$ _____
TOTAL SCHEDULES B, C, H		\$ _____

ENTER AS LINE 2 PAGE 1

SCHEDULE X - RECONCILIATION WITH FEDERAL INCOME TAX RETURN

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
a. Federally deductible losses from IRC 1221 or 1231 property dispositions _____	\$ _____	n. Capital gains (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 reported in letter O, except that from IRC 1221 property dispositions _____		o. Federally reported intangible income such as, but not limited to interest, dividends and patent and copyright income _____	
c. Taxes based on income (State) _____		p. Amount of Federal Tax Credit to the extent they have reduced corresponding operating expenses _____	
d. Taxes based on income (City) _____		q. Not previously deducted IRC Section 179 Expense _____	
e. Guaranteed payments or accruals to or for current or former partners or members _____		r. Partnership, S corp, LLC charitable contributions _____	
f. Federally deducted dividends, distributions, or amounts set aside for, credited to, or distributed to REIT or RIC Investors _____		s. Other _____	
g. 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 corp entities _____			
h. Rental activities by partnership, S corp or LLC, Trusts _____			
i. Other _____			
m. Total (enter as line 4a Page 1) _____		z. Total (enter as line 4b Page 1) _____	

SCHEDULE Y- BUSINESS ALLOCATION FORMULA

	a. LOCATED EVERYWHERE	b. LOCATED IN DELPHOS	(a - b) c. Percentage
STEP 1. Original Cost of Real and Tangible Personal Property _____			
Gross Annual Rentals Multiplied by 8 _____			
TOTAL STEP 1 _____			%
STEP 2. Wages, Salaries, Etc., Paid _____			%
STEP 3. Gross Receipts from Sales made and/or Work or Services Performed _____			%
STEP 4. TOTAL PERCENTAGES _____			%
STEP 5. Average PERCENTAGE (Divide Total Percentages by Number of Percentages Used - Carry to Line 5b - Page 1) _____			%