

20 GAMBIER INCOME TAX RETURN

FORM TO BE FILED WITH
GAMBIER
INCOME TAX DEPARTMENT
115 MEADOW LANE
P.O. BOX 1994
GAMBIER, OH 43022

PHONE (740) 427-2671

RESIDENT TAX PAYERS WHOSE
SOLE EARNED INCOME IS
SUBJECT TO GAMBIER WITH-
HOLDING COMPLETE CIRCLED
ITEMS ONLY

Taxable period beginning _____ 20____
and ending _____ 20____
Calendar year taxpayers file on or before April 15th
Fiscal and partial years, file within 4 months from end of period.
Gambier tax rate is 1.50%

ACCT NO.:

TAX OFFICE USE ONLY

THIS RETURN IS FOR BOTH BUSINESSES AND INDIVIDUALS

1. ENTER QUALIFYING WAGES, SALARIES, BONUSES, COMMISSIONS AND OTHER COMPENSATION RECEIVED. INCOME MAY NOT BE DEFERRED FOR VILLAGE TAXES (ATTACH ALL W-2'S & 1099'S)				1
2. Profit or loss from business (Sole proprietor, corporation, partnership, rental etc.) attach copies of appropriate Federal Schedules and/or Forms including supporting Schedules to substantiate income as shown on City Return			Total	2
3. Adjustments: a. Reconciliation with Federal Return (Complete Schedule X)	3a			
b. Other	3b		Total	3
4. a. Total income (Line 1 plus line 2, plus or minus line 3) (If line 2 is a loss it may not be deducted from line 1)	4a			
b. Allocation _____ % of line 4a. (Complete Schedule Y) Business Return Only	4b		Line 4a or 4b Total Taxable Income	4
5. Tax computation: Taxable Income _____ Tax Rate 1.50% Total Tax \$ _____			Total Tax	5
6. Credits: a. Gambier tax withheld by employers	6a			
b. Income tax paid to other municipalities (Not to exceed 1.50%)	6b		Total Credit	6
7. Adjusted Gambier Income Tax (Line 5 less line 6)				7
8. Payments and Credits				8
9. Balance (Line 7 less line 8)				9
10. Penalty: a. (10%) of the amount of the unpaid tax or penalty of twenty-five (25) dollars, whichever is greater, whether or not taxes are owed	10a		Total Penalty	10
b. (1%) percent per month.	10b			
11. Amount due or overpayment (Line 9 plus line 10 if applicable)			BALANCE DUE	11
12. Distribution of overpayment a. Credit to next year	12a			
b. Refund	12b			

— THESE RETURNS ARE NOT FILED UNLESS REQUIRED PAYMENT IS ENCLOSED —
IF YOU DO NOT ANTICIPATE HAVING TAXABLE INCOME IN 20__ INDICATE REASON ON YOUR DECLARATION

20 DECLARATION OF ESTIMATED TAX

13. Total income subject to tax \$ _____	Multiply by tax rate of 1.50%		13	
14. Less expected tax credits: a. Gambier tax withheld	14a			
b. Tax paid to another city (not to exceed 1.50%)	14b		TOTAL CREDITS	14
15. Net Estimated Tax (Line 13 less line 14)				15
16. a. 1st quarter payment due with this declaration (Not less than 22 1/2% of line 15)	16a			
b. Less overpayment from line 12 (a) credit to next year	16b			16
17. Amount paid with this declaration			AMT. DUE	17
MAKE CHECK OR MONEY ORDER PAYABLE TO			REMIT PAYMENT TOTAL OF LINES 11 & 17	18
DIVISION OF INCOME TAX				

Under the penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

DATE	SIGNATURE OF TAXPAYER	Phone No.	Taxpayer Social Security No. F.I.D. No. (Business Only)	Signature of Tax Preparer
	SIGNATURE OF SPOUSE (IF JOINT RETURN BOTH MUST SIGN)			Phone No. DATE

STATEMENT 1.

If you have moved since your previous return was filed give date moved into Gambier _____ or out of Gambier. If you have changed place of employment give current employer _____ and effective date _____.

SCHEDULE X - RECONCILIATION WITH FEDERAL INCOME TAX RETURN

ITEMS NOT DEDUCTIBLE		ADD	ITEMS NOT TAXABLE		DEDUCT
A	Net loss from Sale, exchange or other disposition of capital or other assets.	_____	H	Net gain from sale, exchange or other disposition of capital or other assets	_____
B	Interest and/or Other Expense incurred in the production of non-taxable income. When records not available take 5% of non-taxable income.	_____	I	Interest Earned	_____
C	All income taxes Paid or Accrued	_____	J	Dividends (less Federal exclusion)	_____
D	Withdrawals by Owners or Payment to Partners	_____	K	Income from Patents and copyrights	_____
E	Contributions to Self Employment or by an employee to a Retirement or Annuity Plan	_____	L	Other Income exempt from Gambier Income Tax (explain)	_____
F	Other Deductions Not Allowable (explain)	_____			_____
		_____			_____
		_____	M	Total Deductions	_____
G	Total Additions	_____	N	Adjustment (Line G minus Line M) enter on Line 3a.	_____

SCHEDULE Y - BUSINESS ALLOCATION FORMULA

	A. LOCATED EVERYWHERE	B. LOCATED IN GAMBIER	C. (B ÷ A) Percentage
STEP 1. Average Value of Real and Tangible Personal Property	_____	_____	_____
Gross Annual Rentals Multiplied by 8	_____	_____	_____
TOTAL STEP 1	_____	_____	_____
STEP 2. Gross receipts from Sales made and/or Services performed.	_____	_____	_____ %
STEP 3. WAGES, SALARIES, ETC. PAID	_____	_____	_____ %
STEP 4. Total Percentages	_____	_____	_____ %
STEP 5. Average Percentage (divide Total Percentages by Number of percentages used	_____	_____	_____ %
- CARRY TO LINE 4b.	_____	_____	_____ %

INSTRUCTIONS FOR COMPLETING FINAL FORM

LINE 1 Enter all qualifying wages, salaries, commissions and other compensation to include: sick pay, vacation pay, income from wage continuation plans to include retirement incentive plans, stock options, cost of group term life insurance over \$50,000, severance pay, tips, contributions made by or on behalf of employees to tax deferred annuity plan such as 401K, 403B, and the like, income from guaranteed annual wage contracts, third party sick/disability pay when premiums are paid by employer, union steward fees, strike benefits employer paid, compensation paid in property to the same extent as taxable by the IRS and so indicated on W-2 form, profit sharing if from non-qualified plan, ordinary income from Federal form 4797. You are required by the Income Tax Ordinance to provide copies of your W-2s and 1099s.

NOTE: Exempt from Village Tax: Military pay including reserve pay, welfare payments, worker's compensation, disability payments, unemployment compensation, interest, dividends capital gains, cafeteria plan 125, pensions, and annuities at time of distribution. Compensation to persons under 18 years of age.

LINE 2 Business Income: Attachment of all applicable Federal Schedules or Returns to substantiate your profit or loss claimed is required. **Deductions for commissions, sub-contractors, etc. must be supported with copies of 1099s or a list with names, addresses, social security numbers and the amount paid to each.**

NOTE: Business losses cannot be applied to taxes on earned income shown on Line 1.

LINE 3 A. Reconciliation with Federal Return (Complete Schedule X)
B. Other: Partial year liability - show dates and reason income is not taxable.

LINE 4 A. Line 1 plus line 2, plus or minus line 3. **NOTE:** If line 2 is a loss it may not be deducted from line 1.
B. Business return only - complete schedule Y.

LINE 5 Carry taxable income to line 5, multiply by 1.50% (0.015) carry tax to line 5 at the right.

LINE 6 A. Tax withheld by your employer and paid to Gambier.
B. 1.50% maximum deduction, if you are a Gambier Resident and your income is earned in and taxed to another Municipality - you may deduct up to 1.50% of the wages taxed to that Municipality. W-2 must show the other Municipality tax withheld or a copy of the Municipal return must be attached.

LINE 7 Subtract line 6 credits from line 5 tax.

LINE 8 Amount you have on your account to apply to the tax due.

LINE 9 Tax due: Carry to line 11 if filed by due date.

LINE 10 A. For a return filed after due date, penalty of 10% of the amount of the unpaid tax or penalty of twenty-five (25) dollars, whichever is greater.
B. Interest at one percent (1%) per month.

LINE 11 Enter amount due: **PAYMENTS MUST ACCOMPANY RETURN.** A return without payment is not filed. Tax due under \$1.00 - no payment required but return must still be filed.

LINE 12 Overpayment: A. Can be credited to next year's tax liability. If Declaration is filed - apply to amount due.
B. Refund of overpayment (\$1.00 minimum). Proper attachments required.

LINE 13 Estimated gross income before payroll deductions and/or estimated net profits multiplied at 1.50%.

LINE 14 A. Should reflect the amount of tax withheld by your employer for this Village.
B. Refers only to income taxes you expect to pay another municipality.

LINE 15 Estimated tax less applicable credits.

LINE 16 A. You must pay at least 22½% of estimated tax.
B. Previous Tax Year overpayment may be applied to estimated tax due.

LINE 17 First quarter payment. **WITHOUT PAYMENT:** the Declaration is not filed.

NOTE: FEDERAL EXTENSIONS WILL BE HONORED FOR VILLAGE TAX PURPOSES, IF YOUR ACCOUNT IS CURRENT, AND TAX OFFICE IS NOTIFIED BY FILING DEADLINE, AND A COPY IS ATTACHED WHEN RETURN IS FILED. NET LOSSES INCURRED DURING ANY TAXABLE PERIOD ARE DEDUCTIBLE ONLY IN THE TAXABLE PERIOD THEY ARE INCURRED.