

2009 CENTERVILLE INCOME TAX RETURN

OR FISCAL YEAR _____ TO _____
DUE ON OR BEFORE APRIL 15, 2010 OR BY THE 15th DAY
OF THE 4th MONTH AFTER THE END OF FISCAL YEAR
FILING REQUIRED EVEN IF NO TAX DUE

- CHECK ONE OR MORE:**
- Employee
 - Partner
 - Corporation
 - Resident
 - Part Year Resident
 - Proprietor
 - Partnership
 - SUB S
 - Non Resident



CENTERVILLE DIVISION OF TAXATION
100 W. SPRING VALLEY RD.
CENTERVILLE, OH 45458
PHONE: (937) 433-7151
FAX (937) 433-0310

PLEASE VISIT WWW.CI.CENTERVILLE.OH.US FOR THE ON-LINE TAX PREPARATION TOOL

TAXPAYER NAME AND ADDRESS _____ TAXPAYER SS# or FED ID# _____

SPOUSE SOC. SEC. NO. _____

Account # _____

Account # _____

PIN _____

Occupation or Nature of Business _____

Spouse's Occupation _____

If moved since last return, this MUST be completed

Old Address _____

Date Moved _____

Phone Number _____

Email Address _____

DID YOU FILE A CITY INCOME TAX RETURN LAST YEAR? Yes No

INCOME AND TAX COMPUTATION

1. Total Qualifying Wages - Forms W2 Attached (typically Box 5 from W2 or worksheet on back) 1. _____
2. Rental Income or Loss - Federal Schedule E Attached 2. _____
3. Partnership Income or Loss - Forms K1 or 1065 Attached 3. _____
4. Business Income or Loss - Schedule C Attached 4. _____
5. Corporate Income or Loss - Schedule 1120 or 1120S Attached 5. _____
6. Other: (gambling winnings, Form 4797, Form 2106, etc. - Schedules Attached) 6. _____
7. TOTAL INCOME SUBJECT TO TAX 7. _____
8. TAX DUE - Line 7 x 1.75% 8. _____
9. CREDITS:
 - a. City Tax Withheld (lower of 1.75% per W2 wage or Box 19)..... 9a. _____
(limited to 1.75% of that portion of the income on each W2 form taxed by another municipality)
 - b. Credit from Prior Year 9b. _____
 - c. Estimated Tax Payments..... 9c. _____
 - d. Payment Made With Extension..... 9d. _____
 - e. Other credits or adjustments 9e. _____
10. TOTAL CREDITS 10. _____
11. LATE PAY PENALTY _____ INTEREST _____ UNDERPAYMENT _____ 11. _____
12. TOTAL AMOUNT DUE (Checks payable to City of Centerville. No tax due or refunded if under \$1.00) 12. _____
- 13a. CREDIT TO 2010 _____ 13b. REFUND _____ ** 13. _____

**subject to refund provision in general information

DECLARATION OF ESTIMATED TAX FOR 2010

14. Income subject to tax \$ _____ x 1.75% _____ 14. \$ _____
15. Less tax withheld by employer @ 1.75% 15. \$ _____
16. Less Payments to another municipality @ 1.75%..... 16. \$ _____
17. Net Tax Due 17. _____
18. Less Overpayment from prior year (Line 13a above)..... 18. \$ _____
19. Amount Paid With This Declaration (1/4 of line 17 less line 18) 19. _____
20. Balance of Estimated Tax 20. \$ _____
21. TOTAL PAID WITH THIS RETURN (Line 12 plus Line 19)..... 21. \$ _____

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 income tax purposes, and if an audit of Federal return is made which affects tax liability shown on this return, an amended return will be filed within three months.

Signature of Person Preparing Return (If Other Than Taxpayer) Date _____

Signature of Taxpayer Date _____

Preparer Phone Number _____

Signature of Spouse Date _____

Preparer Email Address _____

Check here if we may contact the above preparer with questions.

ATTACH W2'S HERE

W2 WORKSHEET FOR RESIDENTS (Part year residents prorate wages and credits)

EMPLOYER	City or Twp of Employment	City Tax Withheld Lower of 1.75% or Box 19	Taxable Wages Typically Box 5 on W2
TOTALS		To Line 9a	To Line 1

SCHEDULE X Reconciliation with Federal Income Tax Return as Required by ORC Section 718

(SCHEDULE X PERTAINS TO BUSINESSES ONLY – NOT TO BE USED BY INDIVIDUALS OTHER THAN SOLE PROPRIETORSHIPS)

1. ADJUSTED FEDERAL TAXABLE INCOME/<LOSS> PER FEDERAL RETURN ATTACHED (SEE INSTRUCTIONS) \$ _____

2. A. ITEMS NOT DEDUCTIBLE (From Line M Below)Add _____

B. ITEMS NOT TAXABLE (FROM LINE Z Below)Deduct _____

C. Line 2 A minus Line 2B..... \$ _____

3. ADJUSTED NET INCOME/<LOSS> (Line 1, Plus or Minus Line 2C) Enter on Appropriate Line on Page 1 \$ _____

ITEMS NOT DEDUCTIBLE		ADD	ITEMS NOT TAXABLE		DEDUCT
a.	Federally deducted 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 Credits 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.	Other (Explain)	\$ _____
f.	Federally deducted dividends, distributions, or amounts set aside for, credited to, or distributed to REIT or RIC investors	\$ _____	z.	Total Deductions	\$ _____
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.	Charitable contributions (above federal allowance)	\$ _____			
i.	Other (Explain)	\$ _____			
m.	Total Additions	\$ _____			

SCHEDULE Y Business Apportionment Formula

	A. LOCATED EVERYWHERE	B. LOCATED IN CENTERVILLE	C. PERCENTAGE (B ÷ A)
STEP 1. AVERAGE ORIGINAL COST OF REAL & TANGIBLE PERSONAL PROPERTY	_____	_____	
GROSS ANNUAL RENTALS PAID MULTIPLIED BY 8	_____	_____	
TOTAL STEP 1.	_____	_____	_____ %
STEP 2. GROSS RECEIPTS FROM SALES MADE AND/OR WORK OR SERVICES PERFORMED	_____	_____	_____ %
STEP 3. WAGES, SALARIES AND OTHER COMPENSATION PAID	_____	_____	_____ %
4. TOTAL PERCENTAGES	_____	_____	_____ %
5. AVERAGE PERCENTAGE	DIVIDE TOTAL PERCENTAGES BY NUMBER OF PERCENTAGES USED		_____ %

ADJUSTED NET INCOME _____ x Average Percentage _____ = **TAXABLE INCOME** _____

Carry Taxable Income to front page line 3, 4, or 5 whichever is applicable

Are any employees leased in the year covered by this return? YES NO
 If YES, please provide the name, address and FID number of the leasing company _____

EXTENSION POLICY: Extensions may, upon request, be granted for filing of the annual return, provided an IRS extension has been secured. EXTENSION REQUESTS MUST BE MADE IN WRITING AND RECEIVED BY THIS TAX OFFICE ON OR BEFORE THE ORIGINAL DUE DATE OF THE RETURN. Only those extension requests received in duplicate with a self-addressed, postpaid envelope will have a copy returned after being appropriately marked.