

FORM IR – FILE WITH:
 VILLAGE OF ARCHBOLD
 INCOME TAX DEPT.
 300 N. DEFIANCE ST.
 P.O. BOX 406
 ARCHBOLD, OH 43502-0406
ON OR BEFORE APRIL 30

VILLAGE OF ARCHBOLD, OHIO
INDIVIDUAL INCOME TAX RETURN

YEAR _____

Processed by _____

Cash M.O.

Check
 Paid with this Return

For use by individuals engaged in a business or profession as sole proprietor thereof; and for individuals whose entire taxable income, or part thereof, is not subject to withholding provisions of Archbold Income Tax during the calendar year. If entire taxable income of an individual is subject to withholding provisions of Archbold income Tax, it is NOT NECESSARY to file Form IR.

NAME AND ADDRESS ARE AS THEY APPEAR ON OUR RECORDS. MAKE ANY NECESSARY CORRECTIONS.

TAXPAYER SS # _____
 SPOUSE SS # _____
 FEDERAL I.D. # _____
 PHONE # _____
 PARTIAL YEAR RESIDENT:
 FROM _____ TO _____

SCHEDULE A – ENTER TOTAL TAXABLE wages, salaries, commissions and other compensation received in the calendar year BEFORE PAYROLL DEDUCTIONS. Also, enter amount of city income tax withheld. ATTACH COPIES OF W-2 FORMS.

(1)	(2)	(3)	(4)	(5)
Name of Employer	Where Employed (City and State)	Amount of Archbold Income Tax Withheld	Other City Income Tax Withheld NOT TO EXCEED 1-1/2%	Total Taxable Earnings Before Deductions
		\$	\$	\$

1. Gross Compensation (Total of Column 5)	1.	\$
2. Net Profit or Loss from Rentals including Farms (Complete Schedule B, page 2)	2.	\$
3. Net Profit or Loss from Business or Profession (Complete Schedule C, page 2)	3.	\$
4. Net Profit or Loss from Partnerships & Other Sources including Farms (Complete Schedule D, page 2)	4.	\$
5. Aggregate Net Profit or Loss from lines 2, 3 & 4 (If net loss, enter none)	5.	\$
6. Total Income from all sources subject to Archbold Income Tax (Add lines 1 & 5)	6.	\$
7. Employee business expense – 2106 less 2% AGI / ONLY IF ITEMIZE (Attach copy of Federal Forms 2106, 1040 & Schedule A)	7.	\$
8. Subtract line 7 from line 6	8.	\$
9. Enter Total Tax Due – 1-1/2% (.015) of line 8	9.	\$
10. Credits on Archbold Income Tax:		
A. Payments (or credit) on Declaration of Estimated Archbold Income Tax (Carryover CR \$ _____ + Pmts \$ _____)		\$
B. Archbold Income Tax withheld (Total Col. 3, Schedule A)		\$
C. Other City Income Tax withheld (Col. 4, Schedule A) – 1-1/2% limitation		\$
Enter Total Credits Here	10.	\$

11. BALANCE OF TAX DUE (line 9 minus line 10)	11.	\$
12. If your payments (line 10) are GREATER than your tax (line 9), enter OVERPAYMENT here	12.	\$
13. Use X to indicate whether overpayment is to be <input type="checkbox"/> refunded \$ _____ and/or <input type="checkbox"/> credited \$ _____ to next year's estimate.		

NOTE: Balance due of less than \$1.00 need not be paid. Overpayment of less than \$1.00 will not be refunded or credited. No refund will be made until next year's declaration is filed.

DECLARATION OF ESTIMATED INCOME TAX FOR NEXT CALENDAR YEAR

14. Estimated income from gross salaries, wages and other compensation	\$
15. Estimated net income from rentals; net profit from business or profession; and other income including farms	\$
16. TOTAL ESTIMATED INCOME SUBJECT TO ARCHBOLD INCOME TAX (line 14 plus line 15)	\$
17. ESTIMATED ARCHBOLD INCOME TAX, 1-1/2% (.015) of Line 16	\$
18. LESS: Estimated city tax to be withheld by employer or payments on taxable income to another city (not to exceed 1-1/2%)	\$
19. Estimated Tax Due (line 17 minus line 18)	\$
20. DECLARATION AMOUNT DUE (1/4 of line 19)	\$
21. LESS: CREDIT for prior year overpayment carried forward to this year	\$
22. AMOUNT PAID WITH THIS DECLARATION (line 20 minus line 21 – if less than zero, enter zero)	\$
23. TOTAL PAYMENT ENCLOSED (line 11 plus line 22)	\$

MAKE CHECK OR MONEY ORDER PAYABLE TO: ARCHBOLD, OHIO – INCOME TAX

I certify that the information contained in this return has been examined by me and to the best of my knowledge and belief is a true and complete return. I authorize the Village of Archbold Income Tax Department to discuss my account with the preparer named below.

Signature of Person or Firm Preparing Return if Other than Taxpayer _____	Date _____	Signature of Taxpayer _____	Date _____
Address _____	Phone _____	Signature of Taxpayer _____	Date _____

SCHEDULE B – INCOME FROM RENTALS PER FEDERAL RETURN (COMPLETE OR ATTACH COPY OF FEDERAL SCHEDULE E)

1. Description and Location of Property	2. Amt Rec'd During Period	3. Depreciation	4. Repairs	5. Other Expenses	6. Net Profit (Loss)
	\$	\$	\$	\$	\$

Net Rental Profit (or Loss) (Total of Col. 6) (enter here and on line 2, page 1) \$

SCHEDULE C - PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION

Amount to be shown on line 1 below must be exactly as reported for Federal tax purposes on your Federal tax return. Adjustment of this net profit (or loss) figure is accomplished by using Schedule X, below, to indicate items of income not taxable and items not deductible under the Archbold Income Tax Ordinance. In case BOTH the taxpayer individual and his business (or profession) are non-resident, only Net Profit from Archbold activity is taxable, and either Column A or Column B are provided below to indicate the allocation of net profit (or loss) for Archbold Income Tax purposes.

Business Name _____ Nature of Business _____ Business Phone # _____

	COLUMN A As shown by Federal Return	COLUMN B Allocable to Archbold, Ohio
1. Net Profit (or Loss) per your Federal Schedule C (Attach copy)	\$	\$
2. Add items not deductible (From line d, Schedule X below)		
3. Deduct items not taxable (From line g, Schedule X below)		
4. Adjusted Net Profit (or Loss) for Calendar year		
5. _____ % (as determined by Schedule Y below) of line 4, Col. A		XXXXXXXXXXXXXXXXXXXX
6. Amount subject to Archbold Income Tax – line 5, Col. A or line 4, Col. B (enter here and on line 3, page 1)	\$	\$

SCHEDULE X – ADJUSTMENT OF NET PROFIT (OR LOSS) TO EXCLUDE INCOME NOT TAXABLE AND EXPENSES NOT ALLOWABLE

Schedule X entries are allowed ONLY to the extent directly included in the determination of net profit (or loss) as shown on line 1, Schedule C above.

Items Not Deductible - ADD		Items Not Taxable - DEDUCT	
a. Withdrawals by owner	\$	e. Interest received	\$
b. Archbold and other city income taxes paid or accrued			
c. Other expenses not deductible (explain)		f. Other (explain)	
d. Total Additions (enter here and on line 2, Schedule C above)	\$	g. Total Deductions (enter here & on line 3, Schedule C above)	\$

SCHEDULE Y - BUSINESS ALLOCATION PERCENTAGE FORMULA

If a taxpayer did not have a place of business outside Archbold, its business allocation percentage is 100%.

NOTE: Use dollars only.

Tangible Property	Tangible Property Located Everywhere		Tangible Property Located in Archbold	
Value of Real and Tangible Personal Property:	Beginning of Year	End of Year	Beginning of Year	End of Year
1. Depreciable assets	\$	\$	\$	\$
2. Land and land improvements				
3. Inventories				
4. Total of above real and tangible property	\$	\$	\$	\$
5. Total of beginning and ending totals	\$		\$	
6. Line 5 divided by 2	\$		\$	
7. Gross annual rentals multiplied by 8	\$		\$	
8. AVERAGE VALUE (line 6 plus line 7)	\$		\$	

CALCULATION OF TAXABLE PROPORTION

USE DOLLARS ONLY – Divide (b) by (a) to obtain decimal – Carry out decimal at least four places

Allocation Factors	Grand Total Factor (a)	Archbold Factor (b)	Percentage
1. PROPERTY FACTOR: Average value of real and tangible personal property (line 8 above)	\$	\$	%
2. SALES FACTOR: Gross receipts from sales made (less returns and allowances) and/or work or services performed	\$	\$	%
3. PAYROLL FACTOR: Wages, salaries and other compensation paid	\$	\$	%
4. Total percents			%
5. Average Percentage (line 4 divided by number of percents used) (carry average percentage to line 5, Schedule C above)			%

SCHEDULE D – INCOME FROM PARTNERSHIPS, FARMS, FEES, ESTATES & TRUSTS, ORDINARY GAINS, PRIZES, AND OTHER SOURCES

(SEE FEDERAL RETURN – COMPLETE OR ATTACH COPY OF APPLICABLE FEDERAL FORMS OR SCHEDULES)

Nature and Source of Other Income	Amount
	\$
Total Other Income subject to Archbold, Ohio, Income Tax (enter here and on line 4, page 1)	\$