

MAIL TO: VILLAGE OF WELLINGTON
 Income Tax Department
 115 Willard Memorial Square
 Wellington, OH 44090-1342
 440-647-4626

DUE DATE - APRIL 15TH
TAX RATE - 1%

EXTENSIONS MUST BE RECEIVED IN OUR TAX OFFICE BY APRIL 15TH
 FAILURE TO FILE THIS RETURN OR EXTENSION BY APRIL 15TH
 WILL RESULT IN A PENALTY OF \$25.00

TAX OFFICE USE ONLY
 Total _____
 Paid With Return _____
 Balance Due _____

TAX YEAR _____

FISCAL PERIOD _____ to _____

YOUR SSN/FED ID NO: _____
 SPOUSE'S SSN: _____
 PHONE NUMBER: _____
 IF YOU RENT NAME AND ADDRESS OF LANDLORD: _____

 IF YOU MOVED DURING THE YEAR YOU MUST COMPLETE LINES BELOW:
 MOVE IN: _____ MOVE OUT: _____
 PRESENT ADDRESS: _____

IF NAME OR ADDRESS IS INCORRECT MAKE NECESSARY CHANGES
 (LIST BOTH NAMES & SOCIAL SECURITY NUMBERS IF FILING A JOINT RETURN)

ALL VILLAGE RESIDENTS ARE REQUIRED TO FILE A TAX RETURN EVEN IF NO TAX DUE OR INCOME EARNED.

I AM REQUIRED TO FILE SINCE I AM A RESIDENT, BUT I HAVE NO TAXABLE INCOME BECAUSE:

- Under 18 for the entire year - Date of Birth _____ Documentation of age required
 - Retired or disabled receiving only pension social security interest or dividends.
 - On Public Assistance with no taxable income.
 - An active member of the Armed Forces of the United State for the entire year (This does not include civilians employed by the military or National Guard)
 - Other (Explain) _____
- } CHECK APPROPRIATE BOX AND SIGN BELOW

1. WAGES

W-2 COPIES MUST BE ATTACHED	EMPLOYER'S NAME	CITY WHERE EMPLOYED	WELLINGTON TAX WITHHELD	TOTAL W-2 WAGES (LARGEST FIGURE SHOWN ON W-2)
	TOTALS		\$	1. \$

- 2 Other Income (Attach Federal Schedules) 2 \$ _____
- 3 Total Income (Add lines #1 & #2) 3 \$ _____
- 4 Adjustments 4 \$ _____
- 5 Total Taxable Income (Subtract line #4 from line #3) 5 \$ _____
- 6 Village of Wellington Tax 1% (Multiply line #5 by 010) 6 \$ _____
- 7 CREDITS:
 - A. Village of Wellington Income Tax Withheld 7A \$ _____
 - B. Payment of declaration of Estimated tax 7B \$ _____
 - C. Amount of Previous years credits 7C \$ _____
- 8 Total Credits (Add lines 7A, 7B, 7C) 8. \$ _____
- 9 Balance of Tax Due (Subtract line #8 from line #6) 9 \$ _____
- 10 Overpayment (IF line #8 exceeds line #6 enter here) 10 \$ _____
- 11 Enter amount of line #10 to be applied to next year's estimated tax 11. \$ _____
- 12 Enter amount of line #10 to be refunded 12 \$ _____
- 13 Penalty (if filed after deadline) enter \$25.00 13 \$ _____
- 14 Interest (1% per month or portion thereof if filing late) 14 \$ _____
- 15 AMOUNT DUE - MUST BE PAID IN FULL WITH THIS RETURN 15. \$ _____

- 16. Estimated income subject to municipal tax \$ _____ Multiply by tax rate 1% \$ _____
- 17. LESS TAX TO BE WITHHELD
 - a. By Employer \$ _____
 - b. Overpayment on previous year's return (Line #10) \$ _____
 - c. Total Credits (a and b) \$ _____
- 18 Balance of Estimated Tax (Line #16 minus Line #17c) \$ _____
- 19. FIRST DECLARATION PAYMENT DUE WITH TAX RETURN (1/4 of line #18) \$ _____

TOTAL AMOUNT DUE (Add line #15 of tax return & line #19 of declaration) \$ _____

NO TAXES OF LESS THAN \$1.00 SHALL BE COLLECTED OR REFUNDED MAKE CHECK PAYABLE TO VILLAGE OF WELLINGTON

Signature of Preparer _____ Date _____
 Address and Phone Number _____


 Visa & MasterCard Now Accepted

Signature of Taxpayer _____ Date _____
 Signature of Taxpayer _____ Date _____

SCHEDULE C - ATTACH COPIES OF FEDERAL SCHEDULES (ENTER TOTAL INCOME FROM SCHEDULES) \$ _____
 FOR SCHEDULE C, FORMS 1120 AND 1065

SCHEDULE G - INCOME FROM RENTS (ATTACH STATEMENT EXPLAINING COLUMNS 3, 4 AND 5) ATTACH FED. SCH E

1. KIND & ADDRESS OF PROPERTY	2. RENT AMOUNT	3. DEPRECIATION	4. REPAIRS	5. OTHER EXPENSES	6. NET INCOME (LOSS)
NET INCOME (OR LOSS) SCHEDULE G					\$ _____

SCHEDULE H - OTHER INCOME NOT INCLUDED IN SCHEDULES ABOVE FROM PARTNERSHIPS, S CORPORATIONS, ESTATES, TRUSTS, FEES, ETC.

RECEIVED FROM	FOR (DESCRIBE)	AMOUNT
TOTAL INCOME SCHEDULE H		\$ _____

ADD TOTALS OF SCHEDULES C G & H. ENTER HERE \$ _____
 LOSS CARRIED FORWARD 3 YEARS (DO NOT INCLUDE LOSSES WHEN NETTING SCHEDULES)

SCHEDULE X RECONCILIATION WITH FEDERAL INCOME TAX RETURN - Attach Schedules

ITEMS NOT DEDUCTIBLE		ADD	ITEMS NOT TAXABLE		DEDUCT
a	Capital Losses (Excluding Ordinary Losses)	\$ _____	n	Capital gains (Excluding Ordinary Gains, see instructions)	\$ _____
b	Expenses incurred in the production of non-taxable income (At least 5% of Line p)	_____	o	Other (See Below)	_____
c	Contributions exceeding allowance of 5%	_____			_____
d	Taxes based on income	_____	p	Total Deductions	\$ _____
e	Net operating loss deduction per Federal return	_____		Items not deductible Line i	\$ _____
f	Payments to partners	_____		Items not taxable Line p	\$ _____
g	Sick pay not included in Line 1 above	_____		Enter excess/loss of Line i or Line p	(X) \$ _____
h	Other expenses not deductible (Explain)	_____		Line (Z) add schedule totals (c) (d) (e) (h) and (x)	(Z) \$ _____
i	Total Additions	\$ _____			
			if schedule Y does not apply enter amount on Line 2, Page 1		

SCHEDULE Y BUSINESS ALLOCATION FORMULA

	a. LOCATED EVERYWHERE	b. LOCATED IN THIS MUNICIPALITY	c. PERCENTAGE (b ÷ a)
STEP 1. AVG VALUE OF REAL & TANG PERSONAL PROPERTY GROSS ANNUAL RENTALS PAID MULTIPLIED BY 8 TOTAL STEP 1.	_____	_____	_____ %
STEP 2. WAGES SALARIES, AND OTHER COMPENSATION PAID	_____	_____	_____ %
STEP 3. GROSS RECEIPTS FROM SALES MADE AND/OR WORK OR SERVICES PERFORMED (SEE INSTRUCTIONS)	_____	_____	_____ %
4. TOTAL PERCENTAGES			_____ %
5. AVERAGE PERCENTAGE (Divide Total Percentages by Number of Percentages Used)			_____ %
6. MULTIPLY LINE (Z) BY AVERAGE % FROM STEP 5 ABOVE ENTER THIS AMOUNT HERE AND ON LINE 2 PAGE 1			_____

SCHEDULE 2106 BUSINESS EXPENSE WORKSHEET

1. 2106 BUSINESS EXPENSE (ATTACH FEDERAL SCHEDULE 2106)	\$ _____
2. 2% OF THE ADJUSTED GROSS INCOME FROM SCHEDULE A (ATTACH COPY OF FEDERAL SCHEDULE A)	\$ _____
3. 2106 EXPENSE (SUBTRACT LINE 2 FROM LINE 1) (ENTER ON LINE 4a Page 1)	\$ _____