

FILE WITH: Barnesville Income Tax Dept. P.O. Box 190 Barnesville, Ohio 43713 on or before APRIL 15. Make check or money order PAYABLE TO: BARNESVILLE INCOME TAX.	VILLAGE OF BARNESVILLE INDIVIDUAL INCOME TAX RETURN
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TAX PERIOD BEGINNING 20 AND ENDING 20

Your Social Security Number	Spouses Social Security Number
Name(s):	
Address:	

OFFICE USE ONLY

Processed by _____
 Tax Credit and or amount paid on
 declaration of estimated tax for period
 ending:

Amount paid with return:

ATTENTION: W-2's MUST accompany INCOME TAX RETURN

1. Gross Compensation (Husband and Wife) (Box 5 of W-2 or Box 18, if larger).....
2. Net Profit from Rentals – (Schedule G, Page 2).....
3. Net Profit from Business or Profession – (Schedule C, Page 2) (include copy of Profit and Loss Statement).....
4. Income from Partnership, Etc., including farms – (Schedule H, Page 2).....
5. Total Income subject to Barnesville Income Tax.....
6. Barnesville Tax, 1% of Item 5.....
7. How much have you paid on your Barnesville Income Tax:
 - A. Payments on Declaration of Estimated Barnesville Income Tax.....
 - B. Barnesville Tax withheld from my wages.....
 - C. Income Tax paid another City (Cannot exceed 1% of gross earnings in other city.
 Tax credit cannot exceed tax liability shown on line 6.).....
 - D. Other credits allowed – Explain in field below.....

Total credits claimed
8. Balance of Tax Due (Make check to: Village of Barnesville – Income Tax)
9. If your payments (Item 7) are larger than your tax (Item 6) enter Overpayment here
10. Select box to indicate whether overpayment is to be returned to you or applied against your Declaration of Estimated Tax .

DECLARATION OF ESTIMATED INCOME TAX FOR NEXT YEAR

1. Total Estimated Income subject to Barnesville Income Tax.....
2. Barnesville Income Tax 1% of amount shown on line 1.....
- TAX CREDITS**
 - a. Tax to be withheld by employer and remitted to Barnesville.....
 - b. Tax to be withheld by employer for another city
 (not to exceed 1% of other earnings therein).....
 - Name of Other City
 - c. CREDIT for overpayment on Barnesville final return.....
 (Allowable only if credit was elected in return)
 - d. PAYMENTS made on prior declaration for the period IF this is an amended declaration.....
 - e. Other credits allowed – explain in field below.....
4. TOTAL CREDITS:
5. NET ESTIMATED TAX DUE (Line 2 less Line 4).....
6. Amount Due with Declaration (1/4 of Line 5).....
7. AMOUNT PAID with this declaration – (Make check to Village of Barnesville – Income Tax).....

CERTIFICATION – PRINT THIS RETURN FOR SIGNATURES BY TAXPAYER AND PREPARER

I declare that the information contained in this tax return has been examined by me and to the best of my knowledge and belief, is a true and complete return.

(Signature of Firm or person, other than taxpayer, preparing return)	Date
(Signature of Taxpayer)	Date

**SCHEDULE C
PROFIT OR LOSS FROM BUSINESS OR PROFESSION**

(NOTE – IF COLUMN A IS USED, DISREGARD COLUMN B)	Column A As shown by Federal Return	Column B Allocable to Barnesville
1. Net Profit or Loss per your Federal Income Tax Return Form 1040		
2. Add items not deductible under Barnesville Income Tax Ordinance (Schedule X)		
3. Deduct items not taxable under Barnesville Income Tax Ordinance (Schedule X)		
4. Adjusted Net Profit		
5. % (as determined by Business Allocation Formula) of line 4, Col. A		xxxxxxxxxxxxxxxxxxxx
6. Net Profit – Line 5, Column A; or Line 4, Column B (Enter on line 3 – Page 1)		

**SCHEDULE X
ADJUSTMENT OF NET PROFIT OR LOSS LINE 1, SCHEDULE C ABOVE, TO EXCLUDE INCOME NOT TAXABLE, AND EXPENSES NOT ALLOWABLE, UNDER BARNESVILLE INCOME TAX ORDINANCE**
Schedule X entries are allowed only to the extent directly included in determination of net profits as shown in your Federal Return.

Items Not Deductible - Add		Items Not Taxable - DEDUCT	
a. Withdrawal by proprietor or partners, if included in any expense accounts.		e. Interest Received	
b. All income taxes paid or accrued		f. Income from Royalties, Patents, and Copyrights	
c. Net operating loss carry-forward, from Federal Return		g. Dividends Received	
d. Capital Losses		h. Capital Gains	
Total Additions (enter on line 2, Schedule C above)		Total Deductions (enter on line 3, Schedule C above)	

SCHEDULE G – INCOME FROM RENTS not included in Schedule C above (Copy from Federal Income Tax Schedule)

Location of Property	Amount of Rent	Depreciation	Repairs	Other Expense	Net Income	
Total						
(If total gross monthly rental from all properties does not exceed \$100.00, DO NOT show any Net Income here)						

**SCHEDULE H
OTHER TAXABLE INCOME** not included in Schedules C or G, such as individual's distributive share of income from resident or non-resident partnership on which city income tax has not been paid by the partnership entity; estates and trusts; director and other fees; farm and from other sources.

Received From	For	Amount	
			Total:

**SCHEDULE Y
Business Allocation Formula**

Use Dollars Only	a. Located Everywhere	b. Located in Barnesville	c. Percentage (b) divided by (a)	
Step 1. Average Value of Real & Tangible Personal Property			xxxxxxxxxxxxxxxx xxxxxxxxxxxx	
Gross Annual Rentals multiplied by 8			xxxxxxxxxxxxxxxx xxxxxxxxxxxx	
Total Step 1				
Step 2. Net Sales				
Step 3. Wages, Salaries Paid				
Step 4. Total Percentages	xxxxxxxxxxxxxxxx	xxxxxxxxxxxxxxxx		
Step 5. Average percentage (Divide total percentages by number of percentages used: Carry to Line 5 – Schedule C above)				