

VERSAILLES TAX DEPARTMENT
177 N. CENTER STREET
P.O. BOX 288
VERSAILLES, OH 45380-0288
PHONE: (937) 526-4191 Ext. 204
FAX: (937) 526-4476
www.versaillesohio.cc

VERSAILLES
INCOME TAX RETURN
FILING REQUIRED EVEN IF NO TAX DUE
FOR THE CALENDAR YEAR :
OR FISCAL PERIOD
_____ TO _____

2017

MAKE CHECK OR MONEY ORDER
PAYABLE TO
**VERSAILLES
TAX
DEPARTMENT**

TAXPAYER'S NAME AND CURRENT ADDRESS

[Empty box for Taxpayer's Name and Current Address]

TELEPHONE:
HOME _____
CELL _____

FEDERAL ID# _____
TAXPAYER SS# _____
SPOUSE SS# _____

FILE ON OR BEFORE APRIL 15TH OR 4 MONTHS AFTER THE END OF THE FISCAL PERIOD

CHANGE OF ADDRESS: _____

IF MOVED SINCE THE PREVIOUS FINAL RETURN
WAS DUE GIVE DATE:
INTO VILLAGE _____ OR OUT OF _____

NOTE: Page 2 must be completed if you have taxable rental property or business income. (ON BACK OF THIS FORM) ATTACH FEDERAL SCHEDULES.

- 1. WAGES, SALARIES, TIPS, LOTTERY/GAMBLING WINNINGS.(ATTACH ALL W2'S...USE BOX 5 OF W2 FORM)... \$ _____
- 2. OTHER TAXABLE INCOME FROM PAGE 2 (CANNOT DEDUCT LOSS FROM WAGES) \$ _____
- 3. TOTAL TAXABLE INCOME: LINE 1 PLUS LINE 2 \$ _____
- 4. MUNICIPAL TAX 1.500 % OF LINE 3..... (ROUND AMOUNTS TO NEAREST DOLLAR) \$ _____
- 5. CREDITS:
 - A. VERSAILLES TAX WITHHELD BY EMPLOYER(S)..... \$ _____
 - B. ESTIMATED TAX PAID..... \$ _____
 - C. CREDIT FOR TAXES PAID TO OTHER CITIES (1.5% MAXIMUM CREDIT) \$ _____
 - D. PRIOR YEAR OVERPAYMENTS \$ _____
 - E. TOTAL CREDITS (ROUND AMOUNTS TO NEAREST DOLLAR)..... Total Line 5A-D \$ _____
- 6. TAX DUE (IF LINE 4 IS GREATER THAN LINE 5E, PAYMENT OF BALANCE MUST ACCOMPANY THIS RETURN)..... \$ _____
- 7. LATE FILING FEE \$ _____ PENALTY \$ _____ INTEREST \$ _____ \$ _____
ADD \$25/mo. late filing fee after April 15th (Maximum \$150). ADD 15% penalty for all tax not timely paid. Add 6% per annum (.50%/mo.) interest
- 8. AMOUNT DUE BEFORE ESTIMATED TAXES \$ _____
- 9. OVERPAYMENT: REFUNDED \$ _____ OR CREDITED TO EST. TAXES..... \$ _____

NOTE: IF BALANCE DUE OR OVERPAYMENT IS LESS THAN \$10.01 - NO TAX, REFUND, OR CREDIT CARRY-OVER IS DUE.

DECLARATION OF ESTIMATED TAX

- 10. INCOME SUBJECT TO TAX \$ _____ TIMES TAX RATE OF 1.5% FOR GROSS TAX OF..... \$ _____
- 11. VERSAILLES TAX WITHHELD \$ _____
- 12. OTHER CITY TAX CREDIT (NOT TO EXCEED 1.5% IF THAT PORTION TAXED) \$ _____
- 13. NET TAX DUE (LINE 10 LESS LINES 11 AND 12) \$ _____
- 14. LINE 13 TIMES .25 \$ _____
- 15. LESS OVERPAYMENT CREDIT FROM PRIOR YEAR RETURN \$ _____
- 16. AMOUNT PAID WITH THIS DECLARATION (LINE 14 MINUS LINE 15) \$ _____
- 17. BALANCE OF ESTIMATED TAX \$ _____

AMOUNT DUE \$ _____ (LINE 8) + \$ _____ (LINE 16) = TOTAL [Empty box]

ICERTIFY THAT I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT, & COMPLETE. IF PREPARED BY PERSON OTHER THAN TAXPAYER, THE DECLARATION IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE.

Signature of Preparer _____ Date _____

Signature of Taxpayer _____ Date _____

Address of Preparer _____

Signature of Taxpayer _____ Date _____

Phone # _____ Fax# _____

CHECK HERE TO GIVE US PERMISSION TO CONTACT YOUR TAX PREPARER DIRECTLY

**DO NOT USE THIS PAGE IF YOUR ONLY SOURCE OF INCOME IS FROM WAGES.
ALL APPROPRIATE FEDERAL SCHEDULES MUST BE ATTACHED.
ANY DEDUCTIONS NOT SUPPORTED BY SCHEDULES WILL BE DISALLOWED.**

SCHEDULE C – BUSINESS INCOME

- 1. ATTACH COPIES OF FEDERAL SCHEDULES (ENTER TOTAL INCOME FROM SCHEDULES) 1. _____
- 2. A. ITEMS NOT DEDUCTIBLE (FROM LINE M SCHEDULE X) 2.A _____
- B. ITEMS NOT TAXABLE (FROM LINE Z SCHEDULE X) 2.B _____
- C. DIFFERENCE BETWEEN LINES 2A AND 2B TO BE ADDED TO OR SUBTRACTED FROM LINE 1 2.C _____
- 3. A. ADJUSTED INCOME (LINE 1 PLUS OR MINUS 2C IF SCHEDULE X IS USED) 3.A _____
- B. AMOUNT OF LINE 3A ABOVE ALLOCABLE _____ % FROM STEP 5 SCHEDULE Y 3.B _____
- 4. NET OPERATING LOSS FROM PRIOR YEARS 2014 _____ 2015 _____ 2016 _____ 4. _____
- 5. NET BUSINESS INCOME 5. _____

SCHEDULE E – INCOME FROM RENTS

1. ADDRESS OF PROPERTY	2. AMOUNT OF RENT	3. DEPRECIATION	4. REPAIRS	5. OTHER EXPENSES	6. NET INCOME (OR LOSS)
NET INCOME (or Loss) SCHEDULE E.....					\$

SCHEDULE H – OTHER INCOME (PARTNERSHIPS, ESTATES, TRUSTS, PRIZES, DIRECTOR FEES, MISCELLANEOUS, COMMISSIONS, ETC.)

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

ADD TOTALS OF SCHEDULES C, E & H. ENTER HERE AND ON LINE 2, PAGE 1..... \$ _____

SCHEDULE X – RECONCILIATION WITH FEDERAL INCOME TAX RETURN (ATTACH SUPPORTING SCHEDULES)

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
A. Federally deducted losses from IRC 1221 or 1231 property dispositions.....	\$ _____	N. Federally reported income and gains from 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 except that from IRC 1221 property dispositions.....	\$ _____	O. Interest earned or accrued.....	\$ _____
C. City or State income taxes.....	\$ _____	P. Dividends	\$ _____
D. Net operating loss deduction per Federal Return	\$ _____	Q. Other Intangible Income (explain)	\$ _____
E. Federally deducted dividends, distributions, or amounts set aside for, credited to, or distributed to REIT or RIC investors.....	\$ _____	R. Amount of Federal Tax Credits to the extent they have reduced corresponding operating expenses	\$ _____
F. 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 corporation entities	\$ _____	S. Not previously deducted IRC Section 179 Expense	\$ _____
G. Rental activities by partnership, S corp, LLC	\$ _____	T. Partnership, S corp, LLC charitable contributions.....	\$ _____
H. Payments to partners (form 1065).....	\$ _____	U. Other income exempt from Versailles tax (explain)	\$ _____
I. Other expenses not deductible (explain).....	\$ _____	Z. Total (enter on line 2B at top).....	\$ _____
M. Total (enter on line 2A at top).....	\$ _____		

SCHEDULE Y – BUSINESS APPORTIONMENT FORMULA

	A. LOCATED EVERYWHERE	B. LOCATED IN THIS CITY	C. PERCENTAGE (B ÷ A)
STEP 1. ORIGINAL COST OF REAL AND TANGIBLE PERSONAL PROPERTY	\$ _____	\$ _____	
GROSS ANNUAL RENTALS MULTIPLIED BY 8.....	\$ _____	\$ _____	
TOTAL OF STEP 1.....	\$ _____	\$ _____	%
STEP 2. TOTAL WAGES, SALARIES, COMMISSIONS AND OTHER COMPENSATION PAID TO ALL EMPLOYEES	\$ _____	\$ _____	%
STEP 3. GROSS RECEIPTS FROM SALES AND WORK/SERVICES PERFORMED	\$ _____	\$ _____	%
STEP 4. TOTAL OF PERCENTAGES.....			%
STEP 5. AVERAGE PERCENTAGE (DIVIDE TOTAL PERCENTAGES BY NUMBER OF PERCENTAGES USED) ENTER HERE AND ON LINE 3B, SCHEDULE C ABOVE			%