

File With:

# 2014 — TIPP CITY INCOME TAX RETURN — 2014

OR FISCAL YEAR \_\_\_\_\_ TO \_\_\_\_\_

FILE/PAY ONLINE AT  
www.tippcityohio.gov

**Tipp City Tax Dept.**  
260 S. Garber Drive  
Tipp City, OH 45371  
Phone: (937) 667-8426  
Fax: (937) 667-6734

**FILE ON OR BEFORE APRIL 15, 2015 – FILING REQUIRED EVEN IF NO TAX IS DUE.**  
LATE FILING AND/OR LATE PAYMENT OF TAX DUE SUBJECTS YOU TO A MINIMUM \$20 PENALTY.  
90% OF THE 2014 TAX DUE MUST BE PAID BY JANUARY 31, 2015 TO AVOID PENALTY AND INTEREST.

Account Number \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

E-mail \_\_\_\_\_

SOCIAL SECURITY #..... \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_  
DATE OF BIRTH..... \_\_\_\_\_  
SOCIAL SECURITY #..... \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_  
DATE OF BIRTH..... \_\_\_\_\_  
FEDERAL I.D. #..... \_\_\_\_\_ - \_\_\_\_\_  
IF YOU MOVED DURING THE YEAR:  
PRIOR ADDRESS..... \_\_\_\_\_  
DATE MOVED TO TIPP..... \_\_\_\_\_  
DATE MOVED FROM TIPP..... \_\_\_\_\_

May we contact you with questions regarding this return by e-mail?  Yes  No

**If filing a paper return, you must attach all supporting documents such as: W-2(s), 1099-MISC, Form 2106, Federal Schedules A, C, E, and F.**

## SECTION A RETIRED AND TAXPAYERS WITH NO TAXABLE INCOME: REASON (CHECK APPROPRIATE BOX)

- Under 18 years of age for entire year, date of birth \_\_\_\_\_ (attach verification – copy of driver’s license or birth certificate)
- All income was from a federally qualified retirement plan, date retired \_\_\_\_\_
- Active duty military
- All income was from a non-taxable source – list source \_\_\_\_\_

## SECTION B 2014 INCOME TAX CALCULATIONS

Enter wages, salaries, bonuses, incentive payments, commissions BEFORE ANY PAYROLL DEDUCTIONS, received between 1/1/14 and 12/31/14. List each employer or source separately (**Attach all W-2s**)

Name of Employer	City or Twp. Where Employed	Tipp City Tax Withheld	Other Tax Withheld Not To Exceed 1.5% of Each Wage	Qualifying (Medicare) Wages
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1. TOTAL TIPP CITY TAX (1-A), OTHER CITY TAX (1-B) & QUALIFYING WAGES (1-C) ... (1-A) \$ \_\_\_\_\_ (1-B) \$ \_\_\_\_\_ (1-C) \$ \_\_\_\_\_
2. PROFIT OR LOSS FROM INCOME OTHER THAN WAGES (FROM PAGE 2)
  - A. BUSINESS INCOME (FROM SEC. E, PAGE 2) .....2A. \$ \_\_\_\_\_
  - B. RENTAL & ROYALTY INCOME (FROM SEC. F, PAGE 2) .....2B. \$ \_\_\_\_\_
  - C. OTHER INCOME OR 2106 EXPENSES LESS 2% AGI (FROM SEC. G AND H, PAGE 2) .....2C. \$ \_\_\_\_\_
  - D. TOTAL (LINE 2A, B, C)..... 2D. \$ \_\_\_\_\_
3. ADJUSTMENTS: RECONCILIATION WITH FEDERAL RETURN (BUSINESS RETURNS ONLY/ATTACH SCHEDULE OR RETURN) .....3. \$ \_\_\_\_\_
4. TOTAL INCOME (LINE 1-C PLUS LINE 2D, PLUS OR MINUS LINE 3) ..... 4. \$ \_\_\_\_\_
  - A. ALLOCATION \_\_\_\_\_ % OF LINE 4 (BUSINESS INCOME ONLY/ATTACH SCHEDULE Y)..... 4A. \$ \_\_\_\_\_
5. TAX DUE (1.5% x Line 4 or 4A) ..... 5. \$ \_\_\_\_\_
6. TAX CREDITS:
  - (A) Tipp City Tax Withheld (Line 1-A above) .....6A. \$ \_\_\_\_\_
  - (B) Other City Tax Withheld (Line 1-B above) Cannot Exceed 1.5% of Each Wage .....6B. \$ \_\_\_\_\_
  - (C) Other Estimates, Direct Payments, Credit From Prior Year .....6C. \$ \_\_\_\_\_
  - (D) Total Credits Available.....6D. \$ \_\_\_\_\_
7. BALANCE OF TAX DUE (LINE 5 LESS LINE 6D) .....7. \$ \_\_\_\_\_
8. PENALTY \$ \_\_\_\_\_ INTEREST \$ \_\_\_\_\_ ... **LATE FILING FEE \$20.00** 8. \$ \_\_\_\_\_
9. TOTAL AMOUNT DUE (Payment To Tipp City Tax Dept.) .....9. \$ \_\_\_\_\_
10. IF OVERPAYMENT CREDIT TO 2015 \$ \_\_\_\_\_ REFUND \$ \_\_\_\_\_

**IF THE AMOUNT DUE IS LESS THAN \$5.01, PAYMENT NEED NOT BE MADE. IF THE REFUND IS LESS THAN \$5.01, NO REFUND WILL BE ISSUED.**

## SECTION C DECLARATION OF ESTIMATED TAX FOR 2015 (1st QUARTER ESTIMATE SHOULD BE PAID WITH THIS RETURN)

11. Total Income subject to Tax \$ \_\_\_\_\_ multiply by Tax Rate of 1.5% .....11. \$ \_\_\_\_\_
12. Less expected Tax Credit
  - A. Tipp City Tax withheld by employer .....12A. \$ \_\_\_\_\_
  - B. Payments to another Municipality (Not to exceed 1.5% of that portion taxed) .....12B. \$ \_\_\_\_\_
  - C. Total CREDITS .....12C. \$ \_\_\_\_\_
13. 2015 NET TAX DUE (Line 11 less Line 12C) (90% must be Paid by Jan. 31, 2016).....13. \$ \_\_\_\_\_
14. 2014 overpayment to be applied to 2015 (from line 10 above).....14. \$ \_\_\_\_\_
15. Amount paid with this declaration (Not less than 1/4 of Line 13 must be paid for 2015 Declaration) .....15. \$ \_\_\_\_\_
16. Balance of 2015 Tax Due (To be Paid Quarterly) .....16. \$ \_\_\_\_\_
17. Total of this Payment (Line 9 plus Line 15).....17. \$ \_\_\_\_\_

## SECTION D SIGNATURE(S)

The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable year stated and that the figures used herein are the same as used for Federal income tax purposes, and if an audit of Federal returns is made which affects tax liability shown on this return, an amended return will be filed within three months. **If this return was prepared by a Tax Practitioner, may we contact your practitioner directly with questions regarding the preparation of this return?**  Yes  No

Print Name of Person Preparing Return (if Other Than Taxpayer) \_\_\_\_\_ Date \_\_\_\_\_

Signature of Taxpayer \_\_\_\_\_ Date \_\_\_\_\_

Address & Phone Number of Preparer \_\_\_\_\_

Signature of Taxpayer \_\_\_\_\_ Date \_\_\_\_\_

ALL APPROPRIATE FEDERAL SCHEDULES MUST BE ATTACHED. ANY DEDUCTIONS NOT SUPPORTED BY SCHEDULES WILL BE DISALLOWED.

SECTION E PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION FROM FEDERAL SCHEDULE C, F, FORM 1065, AND/OR FORM 1120/1120S

Business Name
Business Address
Kind of Business

- 1. If deductions for commissions, rents, or other personal services are taken, supporting 1099s or facsimiles must be attached.
2. If deductions for "RENTS PAID" are taken, please list:
Rents paid to
Address

A. TOTAL PROFIT (OR LOSS)
B. PERCENT ALLOCABLE TO THIS MUNICIPALITY IF SCHEDULE Y IS USED
C. AMOUNT SUBJECT TO TAX (CARRY TO LINE 2A, PAGE 1)

SECTION F Income from Rents and Royalties - from Federal Schedule E (Carry to Line 2B, Page 1)

SECTION G Ordinary Income from Federal Form 4797 - (Capital Gains NOT Taxable)

SECTION H All Other Taxable Income and 2106 Expense (Less 2% AGI)

INCOME FROM FEES, TIPS, COMMISSIONS AND MISCELLANEOUS

Table with 3 columns: RECEIVED FROM, FOR (DESCRIBE), AMOUNT

NET INCOME SECTION H
TOTAL OTHER INCOME G and H (CARRY TO LINE 2C, PAGE 1)

SECTION X RECONCILIATION WITH FEDERAL INCOME TAX RETURN AS REQUIRED BY O.R.C. 718

(SCHEDULE X PERTAINS TO BUSINESSES ONLY - NOT TO BE USED BY INDIVIDUALS)

Table with 4 columns: ITEMS NOT DEDUCTIBLE, ADD, ITEMS NOT TAXABLE, DEDUCT. Rows include A. CAPITAL LOSSES, B. Five percent (5%) of intangible income, C. Taxes based on income, D. Guaranteed payments, E. Federally deducted dividends, F. Federally deducted amounts paid, G. Rental activities, H. Other, M. Total Additions, N. CAPITAL GAINS, O. Federally reported intangible income, P. Not previously deducted IRC Sec. 179 Expense, Q. Other, Z. Total Deductions.

SECTION Y BUSINESS ALLOCATION FORMULA

Table with 4 columns: A. LOCATED EVERYWHERE, B. LOCATED IN TIPP CITY, C. PERCENTAGE (b ÷ a), and an unlabeled column. Rows include STEP 1. AVERAGE ORIGINAL COST OF REAL & TANGIBLE PERSONAL PROPERTY, STEP 2. GROSS RECEIPTS FROM SALES MADE AND/OR WORK OR SERVICES PERFORMED, STEP 3. WAGES, SALARIES AND OTHER COMPENSATION PAID, STEP 4. TOTAL PERCENTAGES, STEP 5. AVERAGE PERCENTAGES (Divide Total Percentages by Number of Percentages Used.)