

Village of West Unity
*****Important Changes Please Read*****

2016 Income Tax changes per House Bill 5
Effective January 1, 2016
<http://codes.ohio.gov/orc/718>

Annual Reconciliations:

- Due by the last day of February (Line 1869)
- Include W2's with Reconciliations – These must include name of every other municipal corporation for which tax was withheld or should have been withheld from such employee during the preceding calendar year (Line 1877)

Withholdings: West Unity Requirements per Ord. No. 2015-11, Rev. 1/12/17

- Monthly or quarterly withholding payments are due by the last day of month following the reporting period

Monthly	Quarterly
Tuesday 2/28/2017	Sunday 4/30/2017
Friday 3/31/2017	Monday 7/31/2017
Sunday 4/30/2017	Tuesday 10/31/2017
Wednesday 5/31/2017	Wednesday 1/30/2018
Friday 6/30/2017	
Monday 7/31/2017	
Thursday 8/31/2017	
Saturday 9/30/2017	
Tuesday 10/31/2017	
Thursday 11/30/2017	
Sunday 12/31/2017	
Wednesday 1/30/2018	

- Business have the option to make payments by check or cash or money order in person or by mail or electronically through Ohio Business Gateway

Business:

- All returns are due by April 15th with 3 days grace period of April 18th
- Net Operating Loss – Carry Forward for 5 years (Line 819-825)

- Threshold for estimated tax declaration is \$200.00 (Line 2615-2743)

Penalties & Interest:

- If not received or postmarked by appropriate due dates as stated above penalties & interest will ensue
 - **Interest** is calculated from the Federal Short-Term Rate, Rounded to the nearest whole number per cent (%), plus five per cent (5%) (Line 3470)
 - **Late Filing** with respect to returns (other than estimated income tax returns*), penalty of **\$25.00** for each failure to timely file each return, regardless of liability, assessed each month or fraction thereof, for the duration that the return remains unfiled. Maximum penalty for each failure to file is **\$150.00** (Line 3449-3553) *There is no late filing penalty permitted for estimated income tax returns.
 - **Penalty** - With respect to unpaid income tax and unpaid estimated income tax, a municipal corporation may impose a penalty equal to fifteen per cent (**15.00%**) of the amount not timely paid (Line 3517-3519) This is a one-time annual assessment
 - **Penalty** - With respect to any unpaid withholding tax, a municipal corporation may impose a penalty equal to fifty per cent (**50%**) of the amount not timely paid (Line 3520-3522) This is a one-time annual assessment

Extensions:

- If you need an extension for filing your tax return, the request must be received by this office, on or before April 15th, with a 3 day Grace Period of April 18th. Do not wait until you file your final return at the end of the extension time, filing an extension after the April 18th deadline will result in the **\$25.00** late file fee.

If you do not receive a form, either call or stop in the office for one.

If you have any questions, please call: (419) 924-2215

Forms are available @ www.westunity.org

Please remember to SIGN ALL submitted forms!

**BUSINESS - 2016
INCOME TAX RETURN**

West Unity

Fiscal Period 01/01/2016 to 12/31/2016

Due Date 04/15/2017



MAKE CHECK OR MONEY ORDER TO:
VILLAGE OF WEST UNITY

PO Box 207
West Unity OH 43570-0207

Voice 419-924-2215 Fax 419-924-2894
westunityclerk@roadrunner.com

Federal ID#
Business Telephone No.
Principal Business Activity NAICS Code
IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES
INTO / / OUT OF / /
CHECK ONE
<input type="checkbox"/> CORPORATION
<input type="checkbox"/> SOLE PROPRIETOR
<input type="checkbox"/> PARTNERSHIP
<input type="checkbox"/> S-CORPORATION
<input type="checkbox"/> OTHER _____
<input type="checkbox"/> ESTATE
<input type="checkbox"/> TRUST
<input type="checkbox"/> FIDUCIARY

Name _____

And _____

Address _____

1 Total taxable income	1	
2 Adjustments (See Schedule X)	2	
3 Taxable income before allocation (Line 1 plus/minus lines 2)	3	
4 Allocation percentage (See Schedule Y)	4	%
5 Adjusted Net Income (Multiply line 3 by line 4)	5	
6 Allocable Net Loss Carry Forward	6	
7 West Unity Taxable income (Line 5 minus Line 6)	7	
8 West Unity income tax (Multiply line 7 by 1.500%)	8	
9 Credits applied from previous year(s) to this year's liability	9	0.00
10 Estimates paid on this year's liability	10	0.00
11 Other credits	11	
12 Total credits (Total line 9, 10 and 11)	12	
13 Tax due (If line 8 is greater than line 12, subtract line 12 from line 8) If greater than 10.00	13	
14 Penalty	14	
15 Interest	15	
16 Total due (Total line 13, 14 and 15)	16	
17 Overpayment (Issued if greater than 10.00)	17	
18 Amount to be refunded	18	
19 Amount to be credited to next year	19	

Declaration of Estimate For 2017

20 Total estimated income subject to tax	20	
21 Estimated tax due. (Multiply line 20 by 1.500%)	21	
22 Less credits (from 19 above)	22	
23 Net estimated tax due (subtract line 22 from line 21)	23	
24 Minimum amount due for first quarter (Multiply line 23 by 25%)	24	

Amount You Owe

25 Total amount due (add lines 16 and 24)	25	
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Tax Office Use Only : Tax Office Use Only : Tax Office Use Only

TaxPayer's Signature Date

Tax Preparer's Signature Date

(If other than taxpayer) Phone No. _____

IN LIEU OF COMPLETING ANY OF THE FOLLOWING YOU MUST ATTACH APPROPRIATE FEDERAL SCHEDULE

SECTION A Profit (or Loss) from Business or Profession Federal I.D. Number _____

- 1. TOTAL RECEIPTS, LESS ALLOWANCES, REBATES AND RETURNS \$ _____
- 2. LESS Cost of Labor \$ _____ Material, supplies and other costs \$ _____
- 3. GROSS PROFIT FROM SALES, ETC., (line 1 less line 2) _____
- 4. INTEREST \$ _____ OTHER BUSINESS INCOME (Specify) \$ _____
- 5. TOTAL BUSINESS INCOME BEFORE DEDUCTIONS \$ _____

BUSINESS DEDUCTIONS

- 6. ADVERTISING AND PROMOTION \$ _____
- 7. AUTO TRUCK AND TRAVEL _____
- 8. INT. ON BUSINESS INDEBTEDNESS _____
- 9a. TAXES BASED ON INCOME _____
- b. OTHER BUSINESS TAXES _____
- 10. SALARIES AND WAGES _____
- 11. DEPRECIATION, AMORTIZATION \$ _____
- 12. RENTS (Paid to _____) _____
- 13. OTHER (List if over 10% of Line 14) _____
- 14. Total Business Deductions (Total of Lines 6 to 13) \$ _____
- 15. NET PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION (Line 5 LESS LINE 14) \$ _____

SECTION B Total from Federal Schedule D, Form 4797 \$ _____

SECTION C Income from Rents -- from Federal Schedule E and R

Kind & Location of Property	Amount of Rent	Depreciation	Repairs	Other Expenses	Net Income (Or Loss)

NET INCOME (or loss) SCHEDULE G \$ _____

SECTION D All Other Taxable Income

INCOME FROM PARTNERSHIPS, ESTATES & TRUSTS: FEES, TIPS, COMMISSIONS, AND MISCELLANEOUS

RECEIVED FROM	FOR (DESCRIBE)	AMOUNT

TOTAL INCOME SCHEDULE H \$ _____

TOTAL From Sections A B C & D Enter on Page 1, Line 1 \$ _____

SCHEDULE Y Business Allocation Formula

- STEP 1. AVG. VALUE OF REAL & TANG PERSONAL PROPERTY _____
- GROSS ANNUAL RENTALS PAID MULTIPLIED BY 8 _____
- TOTAL STEP 1 _____ %
- STEP 2. GROSS RECEIPTS FROM SALES MADE AND/OR WORK _____ %
- OR SERVICES PERFORMED (SEE INSTRUCTIONS) _____ %
- STEP 3. WAGES, SALARIES AND OTHER COMPENSATION PAID _____ %
- 4. TOTAL PERCENTAGES _____ %
- 5. AVERAGE-PERCENTAGE (Divide Total Percentages by Number of Percentages Used). _____

Carry to Line 3b, Page 1

SCHEDULE X. RECONCILIATION WITH FEDERAL INCOME TAX RETURN

Items not Deductible	Add	Items not taxable	Deduct
a. Capital Losses (Excluding Ordinary Losses)	\$ _____	n. Capital gains (Excluding Ordinary Gains)	\$ _____
b. Expenses incurred in the production of non-taxable income (at least 5% of Line 2)	_____	o. Interest income	_____
c. Taxes based on income	_____	p. Dividends	_____
d. Net operating loss deduction per Federal Return	_____	q. Other (Explain)	_____
e. Payments to partners	_____		_____
f. Sick pay not included in Line 1 above	_____		_____
g. Contributions	_____		_____
h. Other expenses not deductible (Explain)	_____		_____
m. (Enter Line 2a Other Side)	\$ _____	z. Enter Line 2b Other Side	\$ _____

SCHEDULE Z PARTNERS' SHARE OF INCOME

1. NAME AND MUNICIPALITY OR TOWNSHIP OF EA. PARTNER	2. Resident		3. Dist. Shares of Partners		4. Other Payments	5. Taxable Percentage	6. Amount Taxable
	Yes	No	Percent	Amount			
				\$ _____	\$ _____		\$ _____
7. TOTALS from SECTION A & SECTION D ABOVE			100	\$ _____			



QUARTERLY ESTIMATE

MAKE CHECK OR MONEY ORDER TO:
VILLAGE OF WEST UNITY

MAIL TO

Village of West Unity
PO Box 207
West Unity OH 43570-0207

AMOUNT ENCLOSED \$

Check No:

PAID CHECK WILL BE YOUR RECEIPT

If receipt is desired, return both copies of this statement with a self-addressed stamped envelope.

Voice 419-924-2215

Fax 419-924-2894

Quarter 2017

DO NOT REMIT CASH BY MAIL

ESTIMATED TAX DECLARED	TOTAL UNDER PAID ESTIMATE PENALTY	TOTAL AMOUNT CREDITED Last Credit Date:	AMOUNT OF UNPAID BALANCE	QUARTERLY INSTALLMENT DUE

Name

AMENDED ESTIMATED TAX

DUE ON OR BEFORE

And

Address

TAX ID

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS SHOWN ABOVE. IF THIS STATEMENT DOES NOT REFLECT PAYMENT RECENTLY MADE, PLEASE ADVISE - INCOME TAX OFFICE - PROMPTLY

QUARTERLY ESTIMATE

MAKE CHECK OR MONEY ORDER TO:
VILLAGE OF WEST UNITY

MAIL TO

Village of West Unity
PO Box 207
West Unity OH 43570-0207

AMOUNT ENCLOSED \$

Check No:

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Name

AMENDED ESTIMATED TAX

DUE ON OR BEFORE

And

Address

TAX ID

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QUARTERLY BILLS

2017 Credits

Dep Date	Trans Date	Transaction	Qtr	Credit
