

VILLAGE OF WEST UNITY

*****IMPORTANT PLEASE READ*****

Enclosed is your 2016 Village Income Tax Return Form. Please read the enclosed instructions. The Tax Rate for 2016 is **1.5%**.

WHO IS REQUIRED TO FILE A RETURN?

- Every resident 18 years or older must file a return. We have **MANDATORY FILING**.
- Every Business, Individual, Proprietorship, Corporation, Profession, etc... whether a resident or non-resident who conducts business in West Unity must file a return and pay any taxes on net profit. Business' includes rental and farm income. Remind your tax preparer that a business loss may not off-set W2 income.
- Effective 1/1/2016, Net operating loss is allowed per ORC 718 and can be carried forward for 5 years.

TAX PAYMENT

- Per ORC 718, NO tax payment is necessary if amount due is \$10.00 and under

TAX CREDIT – (W2 Wages in Box 18 & Local Tax WH in Box 19)

- If tax is withheld in another municipality at a higher rate, then you are allowed credit of 1.5% on your West Unity tax return. Except a tax withheld in Indiana, which is a county tax and is not a municipal tax, therefore, there is not credit for Indiana tax.

EXTENSION

- If you need an extension for filing your tax return, the request must be received by this office, on or before April 18th. Do not wait until you file your final return at the end of the extension time.

ESTIMATE

- No estimate tax payments are required if tax due is under \$200.00
 - **Percentages & Due Dates**
 - 22.5% on/before the 15th of the 4th Month for the tax year
 - 45% on/before the 15th of the 6th Month for the tax year
 - 67.5% on/before the 15th of the 9th Month for the tax year
 - 90% on/before the 15th of the 12th Month for the tax year

TAXABLE INCOME (W2 Box 18 Amount; if blank refer to W2 Box 5)

- Income from gross wages, tips, salaries, commissions, and other compensation shall be taxed.

NON TAXABLE INCOME

- Interest, dividends, capital gains, unemployment compensation, military pay, alimony, social security and other retirement that has already been taxed.

REMEMBER TO INCLUDE COPIES OF THE FOLLOWING DOCUMENTS WITH YOUR RETURN

- **W2'S** and **1099'S**
- **SCHEDULE C** – Profit/Loss from Business Profession
- **SCHEDULE E** – Rental Income
- **SCHEDULE F** – Farm Income

- **SCHEDULE Y – Business Allocation**

PENALTIES & INTEREST - effective 1/1/2016

- **INTEREST RATE** – Federal Short-Term Rate (rounded) + 5.00%
 - *Rate is calculated each July; announced in October*
- **LATE FILING** - \$25.00 Per Month (Or Fraction Therof) Up To \$150.00;
 - *Includes all but estimated payment returns*
- **LATE PAYMENT** - 15.00% Of The Amount Not Timely Paid
 - *This is a one-time annual assessment per return*

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 YOUR TAX RETURN

**INDIVIDUAL - 2016
INCOME TAX RETURN
West Unity
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

Taxpayer's Social Security No.	
Home Telephone No.	Business Telephone No.
Spouse's Social Security No.	
Spouse's Name	
Home Telephone No.	Business Telephone No.

Name _____
And _____
Address _____

Filing Status <input type="checkbox"/> Single <input type="checkbox"/> Married filing joint <input type="checkbox"/> Married filing separate	<input type="checkbox"/> RESIDENT <input type="checkbox"/> NON-RESIDENT	IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES
		INTO / /
		OUT OF / /
IF YOU RENT, PLEASE GIVE LANDLORDS INFORMATION		
NAME _____		
ADDRESS _____		

Income

1 Wages, salaries, tips, etc. 1

2 Other taxable income 2

3 Total taxable income (add lines 1 and 2) 3

Tax and Credits

4 West Unity tax due before credits (1.500% of line 3) 4

5 Estimated tax payments made to West Unity as of 01/10/2017 5

6 Taxes withheld and paid to West Unity 6

7 Overpayment from prior year(s) 7

8 Taxes withheld and paid to other localities 8

Credit cannot exceed 100.0% of tax withheld up to 1.50% of income earned in each location.

9 Total credits (add lines 5 through 8) 9

Refund (Issued if greater than 10.00)

10 If line 9 is greater than line 4, subtract line 4 from line 9. This is the amount you overpaid 10

11 Amount of line 10 to be credited to next years estimate 11

12 Amount of line 10 to be refunded 12

Tax Due (if greater than 10.00)

13 If line 4 is more than line 9, subtract line 9 from 4, this is the tax amount you owe 13

14 Penalties and interest **Late File** _____ **Late Pay** _____ **Late Estimate** _____ **Interest** _____ 14

Declaration of Estimate For 2017

15 Estimated income 15

16 Estimated tax due. Multiply line 15 by 1.500% 16

17 Taxes to be withheld and paid to West Unity and other localities 17

18 Prior credit applied to estimated tax payments (From line 11) 18

19 Net estimated tax due (subtract line 17 and 18 from 16) 19

20 Minimum amount due for first quarter (multiply line 19 by 25%) 20

Amount You Owe

21 Total amount due (add lines 13, 14 and 20) 21

Tax Office Use Only : Tax Office Use Only : Tax Office Use Only

Taxpayer's Signature Date

Spouse's Signature Date

Tax Preparer's Signature Date
(If other than taxpayer) Phone No. _____

May VILLAGE OF West Unity discuss this return with the preparer shown above ___Yes ___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 \$ _____	11. DEPRECIATION, AMORTIZATION \$ _____	
7. AUTO TRUCK AND TRAVEL _____	12. RENTS (Paid to _____)	
8. INT. ON BUSINESS INDEBTEDNESS _____	13. OTHER (List if over 10% of Line 14)	
9a. TAXES BASED ON INCOME _____	14. Total Business Deductions (Total of Lines 6 to 13)	\$ _____
b. OTHER BUSINESS TAXES _____	15. NET PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION (Line 5 LESS LINE 14)	\$ _____
10. SALARIES AND WAGES _____		

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	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 a	_____	_____	_____
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	_____	_____	_____ %
a. TOTAL PERCENTAGES	_____	_____	_____ %
b. 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 Z)	_____		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	\$ _____			\$ _____