

**INCOME TAX**  
VILLAGE OF PANDORA, OHIO

REMIT TO:  
TAX COMMISSIONER  
P.O. BOX 193  
PANDORA, OHIO 45877

YEAR - 2009

FISCAL PERIOD \_\_\_\_\_ TO \_\_\_\_\_

DUE DATE: APRIL 30<sup>TH</sup>

20      Residency Status  
     Resident  
     Non-Resident  
     Part-Year Resident

From \_\_\_\_\_ to \_\_\_\_\_  
Soc. Sec. No. \_\_\_\_\_  
Soc. Sec. No. \_\_\_\_\_  
Fed. I.D. No. \_\_\_\_\_

ENTER EMPLOYER'S NAME, WHERE EMPLOYED, GROSS WAGES, SALARIES, BONUSES, COMMISSIONS, TIPS, ETC. ATTACH COPY OF W-2 FORM(S)

Employer's Name (attach copy of W-2 form(s))	City Where Employed	City Tax Withheld	Wages, Etc.
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- 1a. TOTALS (if above fully taxable and your only income, go next to Line 5) \_\_\_\_\_
- 2. OTHER INCOME: FROM LINE 26, PAGE 2 ..... \_\_\_\_\_
- 3. TOTAL INCOME (TOTAL OF LINES 1 AND 2 OR PER FEDERAL RETURN ATTACHED)..... \_\_\_\_\_
- 4. 4a. AMOUNT OF LINE 3 ALLOCABLE TO THE CITY  
( \_\_\_\_\_ % from Line 5, Schedule Y)..... \_\_\_\_\_
- b. LESS ALLOCABLE NET LOSS PER PREVIOUS CITY INCOME TAX RETURNS ..... \_\_\_\_\_  
(Submit Schedule)
- 5. AMOUNT SUBJECT TO CITY INCOME TAX ..... \_\_\_\_\_
- 6. INCOME TAX - 1.5% OF LINE 5 ..... \_\_\_\_\_
- 7. CREDITS: (a) City tax withheld by employer(s) as shown on line 1a above \_\_\_\_\_  
(b) Payments and credits 2007 Declaration of Estimated Tax \_\_\_\_\_  
(X) TOTAL CREDITS ALLOWABLE \_\_\_\_\_
- 8. BALANCE OF TAX DUE (Line 6 less Line 7x) Make Remittance Payable to City of Pandora  
(If Balance Due is Less than \$1.00 no payment required. If Refund is less than \$1.00  
no refund will be remitted) \_\_\_\_\_
- 9. OVERPAYMENT CLAIMED (If Line 7x exceeds Line 6, Enter Difference) \_\_\_\_\_  
Enter Amount of Line 9 You Want Credited to your Estimated Tax \$ \_\_\_\_\_ Refunded \$ \_\_\_\_\_

**PENALTY: \$10.00 LATE FILING FEE**  
**INTEREST CHARGES: 1.5% PER MONTH UP TO \$25.00**

The undersigned declares that this return (and any accompanying schedules) is true, correct and complete return for the taxable period stated and that the figures used herein are the same as used for Federal Income Tax purposes. A copy of the Federal Income Tax Return must be provided if so requested by the Tax Commissioner.

\_\_\_\_\_  
Signature of person preparing if other than taxpayer (Date)

\_\_\_\_\_  
Signature of taxpayer or agent (Date)

\_\_\_\_\_  
Address or Name and Address of Firm or Employer

\_\_\_\_\_  
Signature of taxpayer or agent (Date)

**FEDERAL SCHEDULES MAY BE SUBMITTED IN LIEU OF SCHEDULES C, E AND H  
SCHEDULE C - PROFIT (Or Loss) FROM BUSINESS OR PROFESSION**

IF DIFFERENT FROM PAGE 1 Business Name &/or Address \_\_\_\_\_  
Kind of Business \_\_\_\_\_

Indicate method of accounting:  Cash  Accrual  Other \_\_\_\_\_

1. TOTAL RECEIPTS, LESS ALLOWANCES, REBATES AND RETURNS \$ \_\_\_\_\_

2. Less  Cost of Goods Sold, or  Cost of operations:  
 Cost of Labor (per Sched. C of Federal Return) \$ \_\_\_\_\_  
 Material, supplies & other costs includible \$ \_\_\_\_\_

3. GROSS PROFIT FROM SALES, ETC., (line 1 less line 2) \_\_\_\_\_

4. DIVIDENDS \$ \_\_\_\_\_ ; INTEREST \$ \_\_\_\_\_ ; ROYALTIES \$ \_\_\_\_\_

5. RENTS RECEIVED, IF CONNECTED WITH TRADE OR BUSINESS \_\_\_\_\_

6. OTHER BUSINESS INCOME (Specify) \_\_\_\_\_

7. TOTAL BUSINESS INCOME BEFORE DEDUCTIONS \$ \_\_\_\_\_

**BUSINESS DEDUCTIONS**

8. ADVERTISING AND PROMOTION \$ _____	17. a - COMPENSATION OF OFFICERS _____
9. AUTO, TRUCK AND TRAVEL _____	b - SALARIES AND WAGES NOT DEDUCTED ELSEWHERE _____
10. BAD DEBTS _____	c - PAYMENTS TO PARTNERS _____
11. REPAIRS AND MAINTENANCE _____	d - COMMISSIONS AND FEES _____
12. INTEREST ON BUSINESS INDEBTEDNESS _____	18. DEPRECIATION, AMORTIZATION _____
13. a - INCOME TAXES ON BUSINESS _____	19. RENTS (Paid to _____) _____
b - OTHER BUSINESS TAXES AND LICENSES _____	20. EMPLOYEE PENSIONS AND PROFIT SHARING PLANS _____
14. INSURANCE (Other than health) _____	21. OTHER (List type and amount) _____
15. SUPPLIES (Not deducted elsewhere) _____	22. TOTAL BUSINESS DEDUCTIONS (Total of lines 8 thru 21) \$ _____
16. UTILITIES _____	23. NET PROFIT (or loss) FROM BUSINESS OR PROFESSION (Line 7 less Line 22) \$ _____

**24. SCHEDULE E - INCOME FROM RENTS (If not included in Schedule C.)**

KIND & LOCATION OF PROPERTY	RENT	DEPRECIATION	REPAIRS	OTHER EXPENSES LIST TYPE/AMOUNT	NET INCOME/(LOSS)

NET INCOME (or loss) SCHEDULE E \$ \_\_\_\_\_

**25. SCHEDULE H - OTHER INCOME NOT INCLUDED IN SCHEDULES C OR E**

INCOME FROM PARTNERSHIPS, ESTATES & TRUSTS, FEES, TIPS, CAPITAL GAINS, ETC. (ATTACH COPY OF FORM K-1)

RECEIVED FROM	FOR (DESCRIBE)	AMOUNT

TOTAL INCOME SCHEDULE H \$ \_\_\_\_\_

**26. TOTAL SCHEDULES C, E & H. ENTER AS LINE 2, PAGE 1**

\$ \_\_\_\_\_

**SCHEDULE Y - BUSINESS ALLOCATION FORMULA**

	a. LOCATED EVERYWHERE	b. LOCATED IN CITY	c. PERCENTAGE (b ÷ a)
STEP 1. AVERAGE VALUE OF REAL & TANGIBLE PERS. PROP. GROSS ANNUAL RENTAL PAID MULTIPLIED BY 8 TOTAL STEP 1	_____	_____	_____ %
STEP 2. WAGES, SALARIES, ETC. PAID EMPLOYEES	_____	_____	_____ %
STEP 3. GROSS RECEIPTS FROM SALES MADE AND/OR WORK OR SERVICES PERFORMED	_____	_____	_____ %
STEP 4. TOTAL PERCENTAGES	_____	_____	_____ %
STEP 5. AVERAGE PERCENTAGE (Divide Total Percentages by Number of Percentages Used) _____ Carry to Line 5b, Page 1 _____ %			

**SCHEDULE Z - PARTNERS' INFORMATION**

IF STEP 5 OF SCHEDULE Y IS LESS THAN 100%, COPY OF FEDERAL FORM 1065, SCHEDULE K-1 FOR EACH PARTNER MUST BE PROVIDED.

EMPLOYER TAX WITHHOLDING FORM (quarterly)

**VILLAGE OF PANDORA**

EMPLOYER'S RETURN OF TAX WITHHELD - FORM O-W-1 OFFICE OF TAXATION UNDER ORDINANCE NO. 305-90, ENACTED DECEMBER 26, 1990

1. Number of Taxable Employees _____	
2. Total Salaries, Wages, Commissions and other Compensation Paid all Employees	\$ _____
3. Taxable Income of Employees	\$ _____
4. Actual Tax Withheld in Quarter at 1 1/2%	\$ _____
Credit: Tax Paid to City or Village of _____	\$ _____
Balance of Tax Due (include interest and penalty if due)	\$ _____

I hereby certify that the information and statements contained herein and in any schedules or exhibits attached are true and correct.

(Signed) \_\_\_\_\_ Date \_\_\_\_\_

Official Title \_\_\_\_\_  
Owner, Partner, Member, President, Treasurer, Agent.

MAKE CHECK OR MONEY ORDER PAYABLE TO:  
COMMISSIONER OF TAXATION, VILLAGE OF PANDORA

If no wages paid this quarter, mark "None" and return this form with explanation.

FOR

MAIL TO  
DUE ON OR BEFORE VILLAGE OF PANDORA  
COMMISSIONER OF TAXATION  
P.O. Box 193, Pandora, Ohio 45877

NOTIFY COMMISSIONER PROMPTLY OF ANY CHANGE IN NAME AND ADDRESS

WHITE - RETURN WITH REMITTANCE • YELLOW - YOUR COPY - KEEP IT • PINK - DELINQUENT - PLEASE REMIT

DECLARATION TAX REMITTANCE FORM (quarterly)

FORM ON-1  
Village of Pandora  
Ohio

Statement of Pandora, Ohio Income Tax

Notice of Installment Due on Estimated Tax Declared

<b>Mail Check or Money Order To:</b> VILLAGE OF PANDORA, OHIO - INCOMETAX If receipt is desired, return this statement with a self addressed, stamped envelope. <b>DO NOT REMIT CASH BY MAIL</b> Postage Will Not Be Accepted For Payment		This Statement MUST Accompany Your Remittance To: VILLAGE OF PANDORA, OHIO P. O. Box 193 - Pandora, Ohio 45877	<b>AMOUNT ENCLOSED</b> \$
<b>ESTIMATED TAX DECLARED</b>	<b>CREDITS AND/OR PAYMENTS</b>		<b>AMOUNT OF UNPAID BALANCE</b>
	Date of Last Credit	Total Amount Credited	<b>INSTALLMENT DUE</b>

If This Statement Does Not Reflect Payment Recently Made, Please Advise This Dept. At Once..

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**DUE ON  
OR BEFORE**

**NOTIFY DEPT. OF TAXATION PROMPTLY OF ANY CHANGE OF NAME OR ADDRESS SHOWN ABOVE.**

ORIGINAL — RETURN WITH REMITTANCE

