

FILE WITH:
CITY OF ZANESVILLE
DIVISION OF INCOME TAX
401 MARKET ST
ZANESVILLE, OHIO 43701
PHONE (740) 617-4918

2019 ZANESVILLE
INCOME TAX RETURN
MANDATORY FILING FOR RESIDENTS
DUE ON OR BEFORE APRIL 15, 2020

MAKE CHECK OR MONEY ORDER
 PAYABLE TO
CITY OF ZANESVILLE

ALL RESIDENTS OF ZANESVILLE **MUST FILE** A RETURN. EVEN IF THE TAX HAS BEEN WITHHELD FROM HIS OR HER PAY. IF YOU HAVE NO TAXABLE INCOME, PLEASE EXPLAIN AND RETURN THIS FORM. ANYONE RECEIVING THIS FORM IS ON ACTIVE STATUS AND **WILL** NEED TO FILE THE RETURN.

Your Social SS# _____ Spouse's SS# Number _____ Phone: _____

Did you file a Zanesville return in previous years? Yes No Will you have city taxable income next year? Yes No If moved during this year give date of move _____
 Into city _____ Out of city _____

1. TOTAL GROSS WAGES, SALARIES, TIPS & OTHER COMPENSATION (Box 5 or Box 18 on each W2 whichever is largest) (Attach W-2's and/or 1099's)	\$ _____
2. OTHER TAXABLE INCOME (NOTE: Losses cannot offset W-2 income) A. Business Profit or Loss (Attach Federal Schedule C) \$ _____ B. Rental Income or Loss (Attach Federal Schedule E) \$ _____ Prior loss (2017 - 50%) \$ _____ C. Total other taxable income \$ _____	\$ _____
3. Zanesville Taxable Income - Line 1 plus Line 2c	\$ _____
4. Zanesville Tax 1.9% of line 3	\$ _____
5. CREDITS A. Zanesville Tax withheld by Employer(s) \$ _____ B. Credit allowed for other cities of employment (up to 1.9%) (Excluding resident tax) \$ _____ (Attached) (W-2 must show tax paid to other cities or attach copy of other city return) C. Payments made on Declaration of Estimated Tax \$ _____ D. Prior Year Overpayment that has not been refunded \$ _____ E. Total Credits (Add Lines 5A thru 5D) \$ _____	\$ _____
6. Balance Tax Due (Subtract Line 5E from Line 4)	\$ _____
7. Late Filing: Interest & Penalty on Returns Filed/Paid after April 15 A. Interest @ 0.500% per month or fraction thereof on unpaid tax \$ _____ B. Penalty @ 15% on unpaid taxes \$ _____ C. Late filing fee @ \$25.00 per month filed late (max \$150.00) \$ _____ D. TOTAL of Line 7a, 7b, and 7c \$ _____	\$ _____
8. Total Amount Due (Line 6 plus Line 7D) PAYMENT MUST ACCOMPANY FORM AMOUNTS \$10 OR LESS WILL NOT BE BILLED, REFUNDED OR CARRIED FORWARD	\$ _____
9. Overpayment refunded \$ _____ or Credited to Est. Taxes \$ _____	\$ _____

DECLARATION OF ESTIMATED TAX FOR YEAR 2020 (DUE APRIL 15 WITH FIRST QUARTER PAYMENT)

VOUCHER 1	File If Tax Balance Due For 2019 Was Over \$200.00	
	1. Income subject to tax \$ _____ Times rate of 1.9% for gross	\$ _____
	2. Less Expected Tax Credits:	
	A. Tax withheld by employer \$ _____	
	B. Income Tax paid to other cities (cannot be higher than 1.9%) \$ _____	
	C. Overpayment from prior years \$ _____	
	D. Total Credits (Add lines 2A, B & C) \$ _____	
	3. Net Tax Due (line 1 less line 2D) \$ _____	
	4. Amount due with this declaration (1/4 of line 3)..... \$ _____	
TOTAL AMOUNT DUE	2019 Balance Due \$ _____ 2020 First Quarter Pmt \$ _____ Total Due	\$ _____

I CERTIFY 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. CHECK THIS BOX TO AUTHORIZE US TO DISCUSS YOUR RETURN WITH YOUR PREPARER.

PREPARER (PLEASE PRINT) _____	DATE _____	SIGNATURE OF TAXPAYER _____	DATE _____
ADDRESS _____		SIGNATURE OF SPOUSE (IF JOINT FILING) _____	DATE _____
PHONE NUMBER _____		PHONE NUMBER _____	

THIS SECTION TO BE COMPLETED ONLY BY THOSE WHO HAVE PROFIT OR LOSS FROM INCOME OTHER THAN WAGES.

10. PROFIT OR LOSS FROM ANY BUSINESS OWNED (Attach Federal Schedule C, Corp 1120, 1041, 1065, 1120a and Schedules Corporations; Partnership; fiduciary fees, etc.) \$ _____

SCHEDULE X - RECONCILIATION WITH FEDERAL INCOME TAX RETURN FOR BUSINESS. CORPORATE & PARTNERSHIP USE ONLY

ITEMS NOT DEDUCTIBLE		ITEMS NOT TAXABLE	
A. CAPITAL/ORDINARY IRS SECTION 1231 LOSSES DEDUCTED	\$ _____	I. CAPITAL/IRS SECTION 1231 GAINS	\$ _____
B. 5% OF EXPENSES NOT ATTRIBUTABLE TO SALE, EXCHANGE OR OTHER DISPOSITION OF IRS SECTION 1221 PROPERTY	_____	J. INTEREST EARNED OR ACCRUED	_____
C. FEDERALLY DEDUCTED TAXES BASED ON INCOME	_____	K. DIVIDENDS	_____
D. GUARANTEED PAYMENTS TO PARTNERS (NOT INCLUDED WITH NET PROFITS).....	_____	L. INCOME PATENTS & COPYRIGHTS	_____
E. QUALIFIED RETIREMENT, HEALTH INSURANCE & LIFE INSURANCE PLANS ON BEHALF OF OWNERS/OWNER EMPLOYEES	_____	M. OTHER EXEMPT INCOME (ATTACH DOCUMENTATION OR EXPLANATION)	_____
F. CONTRIBUTIONS	_____	_____	_____
G. OTHER EXPENSES NOT DEDUCTIBLE (EXPLAIN) _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	N. TOTAL DEDUCTIONS	_____
H. TOTAL ADDITIONS	_____	_____	_____
11. TOTAL ADJUSTMENTS TO FEDERAL NET PROFIT (LINE H minus N)	\$ _____	_____	_____
12. TOTAL OF LINE 10 plus/minus LINE 11	_____	_____	\$ _____

SCHEDULE Y - BUSINESS ALLOCATION FORMULA (ALL APPLICABLE SECTIONS MUST BE COMPLETED)

NON-RESIDENT:	a. LOCATED EVERYWHERE	b. LOCATED IN ZANESVILLE	c. PERCENTAGE (b ÷ a)
STEP 1. AVERAGE VALUE OF REAL & TANGIBLE PERSONAL PROPERTY	_____	_____	
GROSS ANNUAL RENTALS MULTIPLIED BY 8	_____	_____	
TOTAL STEP 1%	_____	_____	_____ %
STEP 2. GROSS RECEIPTS FROM SALES MADE AND/OR WORK OR SERVICES PERFORMED %	_____	_____	_____ %
STEP 3. WAGES, SALARIES, ETC. PAID %	_____	_____	_____ %
STEP 4. TOTAL PERCENTAGES %	_____	_____	_____ %
STEP 5. AVERAGE PERCENTAGE (Divide Total Percentages by Number of Percentages used, Zero not used)	_____	_____	_____ %

SUPPORTING SCHEDULES AND ADDITIONAL INFORMATION

Answer all questions below and supply additional information if applicable.

- Cost of Goods Sold and/or Operations (Federal Sch. "C-1" or "A") _____
- Rents (Paid to) Name and Address _____
- Commissions paid Name and Address and/or 1099. _____
- Schedule of "Other Deductions." _____
- Subcontractor Listing and/or Form 1099. _____
- Partnerships must supply copies of K-1. _____
- If business is terminated, give date _____
Successor's Name & Address _____
- Rental property subject to City Tax was sold on _____ To (Name and Address) _____