GRANVILLE INCOME TAX BUREAU 141 EAST BROADWAY, PO BOX 514 GRANVILLE, OHIO 43023 (740) 587-2764 Fax 587-0128

Address

## VILLAGE OF GRANVILLE 2017 INDIVIDUAL INCOME TAX RETURN

DUE ON OR BEFORE APRIL 17, 2018

WEBSITE: www.granville.oh.us			
Social Security Number	Spouse's Social Security Number		
		City of Employment:	
AME AND ADDRESS		Part Year Resident: [	Date Moved In:
		1	Date Moved Out:
		Telephone:	Home
		'	Vork
		· ·	VOIR
		SUBMITTED ALONG WITH YOUR	M 1040, 1040A, OR 1040EZ IS TO BE GRANVILLE RETURN PER OHIO REVIS ILLE CODIFIED ORDINANCE 181.091(f)
		ING FEDERAL SCHEDULE, AND PAYMENT OF THE BALANC	
		RETURN OR DECLARATION AND MAY BE SUBJECT TO LA of Box 5 or Box 18 of W-2 Form) (ATTACH ALL W-2 FOR	
		OI BOX 3 OF BOX 16 OF W-2 FORTH) (ATTACH ALL W-2 FOR	
, ,	• ,		
• ,	•	ACH ALL FEDERAL FORMS)	
	* -		
6. Granville tax: 1.5% (.015), of Line	5		\$
7. Credits			
A. Tax withheld by employer for	Village Of Granville per W-2	\$	_
		\$	
C. Credit allowed for income tax	able to other cities (See line instruction	s) \$	<u> </u>
	Tax Return or W-2 documenting this	•	
		\$	
,	*	ı) \$ Total Late Payment P&I	
		ı) \$ lotal Late Fayillelit Fai	
	•	4 and 9B)	
	OR Credit to next year est		Ψ
		ent is required; no refund/credit carry forward w	vill be issued.
	DECLARATION OF ESTIN	MATED TAX FOR YEAR 2018	
2 Total income subject to tax \$	(Multiply by tax rate of 1.5%	for gross tax)	\$
3. Less expected credits:	(Waltiply by tax rate of 1.076	, ioi gi coc tax,	Ψ
•	v employer	\$ <u></u>	
		\$	
4. Net tax due (Line 12 Less Line 13	C - if \$200.00 or more, estimated pay	ments required)	\$
5. Amount of quarterly payments du	e (Line 14 ÷ 4)		\$
6. Overpayments from prior year (Lir	ne 11 if Credited)		\$
7. Amount paid with this declaration	(Line 15 Less Line 16)		\$
Balance of estimated tax due (Lin	e 14 Less Line 16 & 17)		\$
TOTAL PAYMENT DUE: LINE 10	\$ + LINE 17 \$	=AMOUNT DUE WITH TAX FILI	NG \$
-		les and statements) and to the best of my knowled les and statements) and to the best of my knowled	-
ignature of Person Preparing if Other Than Taxpa	ayer Date	Signature of Taxpayer	Date

Telephone #

Signature of Taxpayer

Date

# **WORKSHEET A - ADJUSTMENTS TO LINE 1 INCOME**

Al IA	<b>YCH</b>	VERIFICATION	A OF ADJO:	SIMENIS
(Pro	vide	calculations to	determine	credit)

#### **DEDUCT OR ADD:**

1.	Part (Plea	ial year resident. Enter income earned as a non-resident (Do not include income earned working in Granville Village) ase include the calculations used to determine the partial year credit)	1 \$				
2.	perr Only	oloyee business expenses allowed as a deduction on, Fed. Sch. A after 2% of AGI The deduction will not be mitted if Form 2106 and Federal Sch A are not provided	2 \$				
3.		cellaneous income not on W-2 form such as: tips, work related bonuses/prizes, commissions, back					
٥.	pay	awards, income reported as misc. income on Fed. Form 1040 etc	4 \$				
4.	Gan	nbling winnings, lottery, prizes etc A	5 \$				
5.	TOT	AL ADJUSTMENTS (enter page 1, Line 2 )TOTAL A	6 \$				
		***** STOP HERE IF YOU HAVE NO OTHER INCOME TAXABLE TO GRANVILLE - RETURN TO PAG	E 1 *****				
1.	SCH	HEDULE C - SELF EMPLOYMENT INCOME (Profit or Loss must be reported)					
		ATTACH FEDERAL SCHEDULE C (PAGES 1 & 2). IF TAXES WERE PAID TO OTHER CITY(S), ATTACH COPY(S) OF OTHER CITY RETURN TO VALIDATE THE .75% CREDIT AGAINST YOUR GRANVILLE TAX.					
	A.	Enter net profit or loss from Federal Sch. C	Α \$				
		(If you are a non-resident of Granville and Schedule C includes income earned within and outside Granville, complete					
		Schedule Y below to determine income allocable to Granville and proceed to line 1B)					
	B.	Enter percentage from Schedule Y, Step 5	3 \$				
	C.	Taxable income is line 1A, or, line 1A multiplied by % on line 1B (enter total on 3A below)TOTAL 10	C \$				
		Business Name: Business Address	_				
		Nature of Business: Date Started Date Ended	_				
2.	SCH	HEDULE E - OTHER BUSINESS INCOME (Profit or Loss must be reported)					
	ATT	ACH FEDERAL SCHEDULES (Pages 1 & 2) E, F, K-1, ETC.					
	A.	Rental income (gain/loss)	4 \$				
	B.	Farm income (gain/loss)	3 \$				
	C.	Partnership income	C \$				
	D.	Other 2	\$				
	E.	TOTAL (sum of 2A through 2D; enter total on line 3B below)	E \$				
3.	SU	MMARY OF ALL BUSINESS INCOME - ATTACH ALL APPLICABLE SCHEDULES & STATEMENTS					
	A.	Enter amount of income (gain or loss) from line 1C of Schedule C above	Α \$				
	В.	Enter amount of income (gain or lass) from line 2E of Schedule E above					
	C.	Less net loss per previous Granville Tax Returns (see note below)	- \$				
	D.	TOTAL BUSINESS INCOME. Total of lines A, B, & C; Enter on Page 1, Line 4 (if net loss - enter zero)	> \$				
	NO <sup>-</sup>	TE: The net loss from any business activity may not be used to offset salaries, wages, commissions or other compen ome. Net operating losses may be carried forward five years.	sation or no	n-business			

## SCHEDULE Y-BUSINESS APPORTIONMENT FORMULA

(applicable for non-resident individuals doing business both within and outside Granville Village limits; Granville residents must report 100% of income and take credit for tax paid to another city on Page 1)

		A. Located Everywhere	B. Located In Granville	C. Percenta (B ÷ A)	ge
STEP 1	Avg. Value of Real & Tangible Personal Property	\$	\$		
STEP 2	Gross Receipts From Sales Made and/or Work or Services Performed	\$	\$	2	_%
STEP 3	Wages, Salaries and other Compensation Paid	\$	\$	3	_%
STEP 4	TOTAL PERCENTAGES			4	_%
STEP 5	AVERAGE PERCENTAGE (DIVIDE TOTAL PERCENTAGES BY NUMBER OF PERCENTAGES	S USED. ENTER HERE	AND ON LINE 1B)	5	_%

### 2018 DECLARATION AND RETURN PAYMENT CALENDAR

**APRIL 17, 2018** File Declaration with 1/4 payment JUNE 15, 2018 Make 2nd quarterly payment

**SEPTEMBER 15, 2018** Make 3rd quarterly payment

**JANUARY 15, 2019** Make 4th quarterly payment

**APRIL 15, 2019** File Return. Pay quarterly payment