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

WEBSITE: www.granville.oh.us

## **VILLAGE OF GRANVILLE** 2018 INDIVIDUAL INCOME TAX RETURN

DUE ON OR BEFORE APRIL 15, 2019

Social Security Number	Spouse's Social Security Number

NAME AND ADDRESS

City of Residence:			
Part Year Reside	ent: Date Moved In:		
Telephone:	Home		
Email:			

A COPY OF YOUR FEDERAL FORM 1040, 1040A, OR 1040EZ IS TO BE

			SUBMITTED ALONG WITH YOUR CODE 718.05(F)(2) AND GRANVIL		
			NG FEDERAL SCHEDULE, AND PAYMENT OF THE BALANCI RETURN OR DECLARATION AND MAY BE SUBJECT TO LAT		
			of Box 5 or Box 18 of W-2 Form) (ATTACH ALL W-2 FORM		DIANNENTI ENALIL
			OF BOX 3 OF BOX 10 OF W-2 FORM) (AFRACTIALE W-2 FORM)	•	
	· · · · · · · · · · · · · · · · · · ·		ACH ALL FEDERAL FORMS)		
	,			\$	
7. C	credits				
Д		•	\$		
В			\$ <u></u>		
C	C. Credit allowed for income taxable to other cities	es (See line instruction:	s) \$	_	
	(Attach copies of Municipal Tax Return or V	V-2 documenting this	tax)		
	D. Prior year overpayments (Not included in Line	e 7B)	\$ <u></u>	_	
E	. TOTAL CREDITS			\$	
8. T	AX BALANCE DUE (LINE 6 less Line 7E)			\$	
9. A	. Late Payment Penalty (15%) \$ Ir	nterest (7% per annum	) \$ Total Late Payment P&I	\$	
Е	8. Late Filing Penalty (\$25.00 per month, \$150.00	Maximum)		\$	
10. T	10. TOTAL TAX DUE INCLUDING PENALTY & INTEREST (Sum of Lines 8, 9A and 9B)		\$ <b>_</b>		
	Overpayment to be refunded \$ OR	•	•		
		=	no payment is required; no refund will be issue	d.	
		•			
	DECLARAI	ION OF ESTIN	IATED TAX FOR YEAR 2019		
12. T	otal income subject to tax \$ (Multir	oly by tax rate of 1.5%	for gross tax)	\$	
	ess expected credits:	,, by tax tate of 11070		+	_
	·		\$ <u></u>		
	Credit for income taxable to other municipalities.				
			Ψ		
	·		nents required)		
18. E	Balance of estimated tax due (Line 14 Less Line 1	6 & 17)		\$	
Т	OTAL PAYMENT DUE: LINE 10 \$	+ LINE 17 \$	=AMOUNT DUE WITH TAX FILIN	√G \$	
	·	<u> </u>			
			es and statements) and to the best of my knowle claration is based on all information of which pre	-	•
 Signatu	ure of Person Preparing if Other Than Taxpayer	Date	Signature of Taxpayer		Date
Addres	s	Telephone #	Signature of Taxpayer		 Date

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

ATTACH VERIFICATION OF ADJUSTMENTS (Provide calculations to determine credit)

DEDI	ICT	

1.		artial year resident. Enter income earned as a non-resident (Do not include income earned working in Gra lease include the calculations used to determine the partial year credit)	<b>O</b> ,	\$	_	
2.	Miso pay	\$	_			
3.	Gan	ambling winnings, lottery, prizes etc	A3	\$	_	
4.	TOT	DTAL ADJUSTMENTS (enter page 1, Line 2 )	TOTAL A4	\$		
***** STOP HERE IF YOU HAVE NO OTHER INCOME TAXABLE TO GRANVILLE – RETURN TO PAGE 1 *****						
1.	SCH	CHEDULE C - SELF EMPLOYMENT INCOME (Profit or Loss must be reported)				
		ITACH FEDERAL SCHEDULE C (PAGES 1 & 2). IF TAXES WERE PAID TO OTHER CITY(S), ATTAC THER CITY RETURN TO VALIDATE THE .75% CREDIT AGAINST YOUR GRANVILLE TAX.	CH COPY(S) OF			
	A.	Enter net profit or loss from Federal Sch. C	1A	\$	_	
		(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)				
	В.	Enter percentage from Schedule Y, Step 5	1B	\$	_	
	C.	. Taxable income is line 1A, or, line 1A multiplied by % on line 1B (enter total on 3A below)	TOTAL 1C	\$	_	
		Business Name: Business Address				
		Nature of Business: Date Started Date End	ded			
2.	SCH	CHEDULE E - OTHER BUSINESS INCOME (Profit or Loss must be reported)				
	ATT	TTACH FEDERAL SCHEDULES (Pages 1 & 2) E, F, K-1, ETC.				
	A.	Rental income (gain/loss)	2A	\$	_	
	B.	Farm income (gain/loss)	2B	\$	_	
	C.	Partnership income	2C	\$	_	
	D.	. Other	2D	\$	_	
	E.	TOTAL (sum of 2A through 2D; enter total on line 3B below)	2E	\$	_	
3.	SUN	UMMARY OF ALL BUSINESS INCOME - ATTACH ALL APPLICABLE SCHEDULES & STATEMENTS				
	A.	Enter amount of income (gain or loss) from line 1C of Schedule C above	3A	\$	_	
	В.	Enter amount of income (gain or loss) from line 2E of Schedule E above	3B	\$	_	
	C.	Less net loss per previous Granville Tax Returns (see note below)	3C -	\$	_	
	D.	. TOTAL BUSINESS INCOME. Total of lines A, B, & C; Enter on Page 1, Line 4 (if net loss - enter zer	က) 3D	\$	_	
	NO	OTE: The net loss from any business activity may not be used to offset salaries, wages, commission				
	inco	come. Net operating losses may be carried forward five years.				
					_	

## 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)

tane crec	int for tax paid to another city on Page 1)	A. Located Everywhere	B. Located In Granville	C. Percenta (B ÷ A)	_
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	_%

## 2019 DECLARATION AND RETURN PAYMENT CALENDAR