

Due on or before April 15 or within 15 days of the fourth month after the end of the fiscal year.

2016 — PIQUA CITY INCOME TAX RETURN — 2016

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FOR OFFICE USE ONLY

FILING REQUIRED EVEN IF NO TAX DUE

Taxable Period Beginning 20, And Ending 20

Check No. Cash Credit Card

Piqua Income Tax Department, Box 1223, 201 W. Water Street, Piqua Ohio 45356-1223 Phone: (937) 778-2009 FAX: (937) 778-1130 (Mon.-Fri. 8AM-5PM)

Amount \$

TAXPAYER'S NAME and ADDRESS

SOC. SEC. NO. (Primary) SOC. SEC. NO. (Spouse) FED. I.D. NO.

Residency Status (check one)

Resident Non-Resident Partial Year Resident From To

IF RENTING A RESIDENCE GIVE NAME AND ADDRESS OF OWNER

NOTE: This return must be submitted by every Piqua resident 18 years of age and older.

SECTION A Enter qualifying wages, bonuses, incentive payments, and commissions received between January 1 and December 31. List each employer or source separately.

ATTACH ALL W2'S AND EARNINGS SUMMARIES, REQUIRED ATTACHMENTS: FRONT PAGE OF 1040, ALL REFERENCED SCHEDULES.

Table with 5 columns: Name of Employer, (B2) City Where Employed, (B3) Piqua City Tax Withheld, (B4) Other Tax Withheld Not to Exceed 2.0%, (B5) Medicare Box 5 of W-2

- 1. WAGES (if no other taxable income go to Line 4)
2. PROFIT OR LOSS FROM INCOME OTHER THAN WAGES
A. PROFIT OR LOSS FROM BUSINESS OR PROFESSION (FROM SEC D AND/OR E, PAGE 2)
B. RENTAL INCOME (LOSS) (FROM FEDERAL SCHEDULE E)
C. FARM INCOME (FROM FEDERAL SCHEDULE F)
D. TOTAL (LINES 2A, B, C) DO NOT ENTER ANY AMOUNT LESS THAN -0-
3. ADJUSTMENTS: RECONCILIATION WITH FEDERAL RETURN (ATTACH SCHEDULE OR RETURN)
4. OTHER INCOME OR 2106 EXPENSES (ATTACH FRONT PAGE OF 1040, FORM 2106 AND SCHEDULE A)
5. TOTAL INCOME (LINE 1 PLUS 2D, PLUS OR MINUS LINE 3 AND LINE 4)
A. ALLOCATION % OF LINE 5 (BUSINESS INCOME ONLY) (SEE SCHEDULE Y, PAGE 2)
6. PIQUA INCOME TAX (2.0%) OF AMOUNT SHOWN ON LINE 5 OR 5A

ATTACH ALL SCHEDULES (including K-1 s and 1040)

- 7. TAX CREDITS: (a) Piqua City Tax Withheld (See Total of Column B3 above)
(b) Other City Tax Withheld (See Total of Column B4 above) Cannot Exceed 2.0% of Each Wage
(c) Other: Estimates, Direct Payments, Credit From Prior Year
(d) Total Credits Available
8. BALANCE OF TAX DUE (LINE 6 LESS LINE 7D)
9. PENALTY \$ INTEREST \$ LATE FILING \$
10. TOTAL AMOUNT DUE ON 2016 RETURN (Make Check or Money Order Payable To Piqua Income Tax Department if \$10 or more)
11. IF OVERPAYMENT: CREDIT TO 2017 \$ REFUND \$

PAGE 1 OF THE FEDERAL 1040 MUST BE ATTACHED

Do not include any amount under \$10.00 to be credited or refunded.

SECTION B - DECLARATION OF ESTIMATED TAX FOR 2017

-- Estimate not required if 12A is less than \$200.00.

- 12. ESTIMATED TAX
A. Total estimated gross tax (2%) for 2017 \$ less amount withheld (\$ ) = 12A. \$
B. Amount of this estimate (Minimum, 1/4 of line 12A) less line 11 credit
13. TOTAL AMOUNT PAID ON 2017 ESTIMATE (Make check or money order payable to Piqua Income Tax Department.)

SECTION C

The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated and figures used herein are the same as used for Federal income tax purposes, and if an audit of Federal return is made which affects tax liability shown on this return, an amended return will be filed within three months. If the form is completed by a tax practitioner, the taxpayer authorizes disclosure of information to the Piqua Tax Department. Yes No

Signature of Taxpayer Date

Signature of Spouse Date

Signature of Person Preparing Return (If Other Than Taxpayer) Date

Phone Number of Person Preparing Return (If Other Than Taxpayer)

ALL APPROPRIATE FEDERAL SCHEDULES MUST BE ATTACHED. ANY DEDUCTIONS NOT SUPPORTED BY SCHEDULES WILL BE DISALLOWED

**SECTION D**

**Profit (or Loss) from Business or Profession**  
From Federal Schedule C, Form 1065, and/or Form 1120

Business Name \_\_\_\_\_  
Business Address \_\_\_\_\_  
Kind of Business \_\_\_\_\_

A. TOTAL PROFIT (OR LOSS)  
(CARRY TO LINE 2A, PAGE 1) \$ \_\_\_\_\_

- If deductions for commissions are taken, supporting 1099's or facsimiles must be attached.
- If deductions for "RENTS PAID" is taken, please list:

Rents paid to \_\_\_\_\_  
Address \_\_\_\_\_

**SECTION E**

Partners' distributive shares on net income (attach federal partnership returns)

1. NAME AND ADDRESS OF EACH PARTNER	2. Resident		3. Distributive Shares of Partners		4. Other Payments	5. Taxable Percentage	6. Amount Taxable
	Yes	No	Percent	Amount			
(a)				\$	\$		\$
(b)							
(c)							
(d)							
	XXXX	XXXX	100	\$	\$	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX

**SCHEDULE X**

**Reconciliation with Federal Income Tax Return as Required by ORC Section 718**

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
A. Capital losses and 1231 losses-excluding ordinary losses _____ \$ _____		N. Capital gains - Do not include ordinary gains from Federal Form 4797 _____ \$ _____	
B. Five percent (5%) of intangible income reported in letter O, except that from IRC 1221 property dispositions _____ \$ _____		O. Federally reported intangible income such as, but not limited to interest, dividends, and patent and copyright income. Excludes prizes, awards, lottery winnings or other income associated with games of chance. _____ \$ _____	
C. City or state income taxes _____ \$ _____		P. Other income exempt from City Tax (explain) _____ \$ _____	
D. Guaranteed payments or accruals to or for current or former partners or members _____ \$ _____		Z. TOTAL DEDUCTIONS _____ \$ _____	
E. Net operating loss deduction per federal return \$ _____		(enter on Line 1B below)	
F. Federally deducted dividends, distributions, or amounts set aside for, credited to, or distributed to REIT OR RIC investors \$ _____			
G. Amounts deducted for self employed retirement, health and life insurance plans _____ \$ _____			
H. Other expenses not deductible (explain) _____ \$ _____			
M. TOTAL ADDITIONS (enter as Line 1A below) \$ _____			

1. A. ITEMS NOT DEDUCTIBLE (from Line M Schedule X above) Add \$ \_\_\_\_\_  
 B. ITEMS NOT TAXABLE (from Line Z Schedule X above) Deduct (\$ \_\_\_\_\_)  
 C. ENTER EXCESS OF LINE 1A OR 1B (CARRY TO LINE 3 PAGE 1) \_\_\_\_\_ \$ \_\_\_\_\_

**SCHEDULE Y**

**Business Allocation Formula**

	a. LOCATED EVERYWHERE	b. LOCATED IN PIQUA	c. PERCENTAGE (b ÷ a)
STEP 1. ORIGINAL COST OF REAL & TANGIBLE PERSONAL PROPERTY	\$ _____	\$ _____	
GROSS ANNUAL RENTALS PAID MULTIPLIED BY 8	\$ _____	\$ _____	
TOTAL STEP 1	\$ _____	\$ _____	_____ %
STEP 2. GROSS RECEIPTS FROM SALES MADE AND/OR WORK OR SERVICES PERFORMED	\$ _____	\$ _____	_____ %
STEP 3. WAGES, SALARIES AND OTHER COMPENSATION PAID	\$ _____	\$ _____	_____ %
STEP 4. TOTAL PERCENTAGES			_____ %
STEP 5. AVERAGE PERCENTAGES (divide total percentages by number of percentages used).		Carry to Line 5A, Page 1	_____ %

Are any employees leased in the year covered by this return? \_\_\_\_ YES \_\_\_\_ NO  
 If YES, please provide the name, address and FID number of the leasing company \_\_\_\_\_  
 \_\_\_\_\_