

Calendar Year Taxpayer – File this Return
 With Scio Income Tax Dept.
 No later than April 15th following end of tax year
 Fiscal Year: File within 4 months after
 End of the Period
 Fiscal Period _____ to _____

**VILLAGE OF SCIO, OHIO
 INCOME TAX RETURN**

20 _____

Resident: Yes _____ No _____
 Part year Resident
 Date moved **INTO** Scio: _____
 Date moved **OUT** of Scio: _____

PLEASE PRINT

NAME: _____ Social Security No: _____
 SPOUSES NAME: _____ Social Security No: _____
 Address: _____ Federal ID No.: _____

COMPENSATION FROM WAGES (ATTACHED W-2'S) USE AMOUNT IN BOX 5, IF NO AMOUNT IN BOX 5, USE BOX 18 FROM W-2. LARGEST AMOUNT.

Employer	City Employed	Scio Tax withheld	Other City withheld	GROSS WAGES (Box 5 or 18)

1. **TOTAL WAGES** \$ _____
 2. Other Taxable Income (From line 4, second page if applicable)
 - a. Business Profit (Attach Federal Schedules)-----\$ _____
 - b. Rental Income (Attach Federal Schedules E)-----\$ _____
 3. Deduct Employee Business Expense
 (Attach Federal Form 2106 and Federal Schedule A)-----\$ _____
 4. TAXABLE INCOME (Line 1 plus Line 2, Less Line 3)-----\$ _____
 5. Scio Village Tax Due (1.00% of line 4)-----\$ _____
 6. **CREDITS**
 - A. Scio Income Tax Withheld by Employers-----\$ _____
 - B. Income Tax paid to Other Cities (NOT TO EXCEED 1% OF EACH W-2) \$ _____
 - C. Amount of Estimated Payments-----\$ _____
 - D. Amount brought forward from a previous return-----\$ _____
 - E. TOTAL CREDITS-----\$ _____
 7. BALANCE TAX DUE (Line 5 minus line 6E)-----\$ _____
- (PAYMENT IN FULL MUST ACCOMPANY THIS RETURN)**
8. OVERPAYMENT TO BE REFUNDED \$ _____ OR CREDIT \$ _____ TO NEXT YEAR.
- NOTE: NO TAXES, CREDITS, OR REFUNDS OF LESS THAN \$10.00 SHALL BE COLLECTED, CREDITED, OR REFUNDED.**

OPTIONAL SECTION

9. Enter Estimated Taxable Income for next year-----ESTIMATE \$ _____
10. Enter 1% of line 9 or 1st quarter estimate (SEE WORKSHEET)----- \$ _____
11. TOTAL DUE (LINE 7 + LINE 10 MINUS AMOUNT CREDITED FROM LINE 8)---- \$ _____

MAKE CHECK OF MONEY ORDER PAYABLE TO:
 VILLAGE OF SCIO INCOME TAX

MAIL TO: VILLAGE OF SCIO INCOME TAX DEPT
 P O BOX 308 SCIO, OHIO 43988

I CERTIFY THAT I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) AND TO THE BEST OF MY KNOWLEDGE AND BELIEVE IT IS TRUE, CORRECT AND COMPLETE. IF PREPARED BY A PERSON OTHER THAN TAXPAYER, THE DECLARATION IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE.

Preparer Name if other than taxpayer

Signature of Taxpayer

Date

Signature of Taxpayer

Date

DISREGARD THIS PAGE IF ENTIRE TAXABLE INCOME IS FROM SALARY AND WAGES

OTHER TAXABLE INCOME

- 1. BUSINESS INCOME-----\$ _____
- 2. A. ITEMS NOT DEDUCTIBLE (SCHEDULE X, LINE 1)---ADD \$ _____
- B. ITEMS NOT TAXABLE (SCHEDULE X, LINE 2)-----DEDUCT \$ _____
- C. ENTER EXCESS LINE 2A OR 2B-----\$ _____
- 3. A. ADJUST NET INCOME (LINE 1 PLUS/MINUS LINE C) IF SCHEDULE X IS USED----- \$ _____
- B. AMOUNT ALLOCABLE TO SCIO IF SCHEDULE Y STEP 5 IS USED-----% _____
- OF LINE 3A-----\$ _____
- 4. A. TAXABLE BUSINESS INCOME-----\$ _____

SCHEDULE X - RECONCILIATION WITH FEDERAL INCOME TAX RETURN

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
Capital Losses (excluding ordinary losses)---\$ _____		Capital Gains (excluding ordinary income)-----\$ _____	
Expenses incurred in the production Of non-taxable income-----\$ _____		Interest Income-----\$ _____	
Taxes Paid to state and local municipalities--\$ _____		Dividends-----\$ _____	
Payments to partners or compensation of Officers of S Corporations-----\$ _____		Other (explain)-----\$ _____	
Net Operating loss carry forward from federal Returns-----\$ _____		-----	
Contributions-----\$ _____		Enter Line 2B above-----\$ _____	
Other expenses not deductible (explain)-----\$ _____			
Enter Line 2A above-----\$ _____			

SCHEDULE Y – Resident Unincorporated Businesses Enter 100% in Step 5 below

	LOCATED EVERYWHERE	LOCATED IN SCIO	PERCENTAGE (B DIVIDED BY A)
Step 1: Avg. value of real & tangible Personal Property (gross annual rentals paid multiplied by 8)	_____	_____	_____%
Step 2: Gross receipts from sales made and/or work Or services performed (see instructions)	_____	_____	_____%
Step 3: Wages, Salaries & other compensation paid	_____	_____	_____%
Step 4: Total Percentages	_____	_____	_____%
Step 5: Average Percentage (divide total percentages by number of percentages used). Enter Line 3B above			_____%

ATTACH COPY OF ALL FEDERAL SCHEDULES