

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

Resident: Yes _____ No _____

FILE NO LATER THAN APRIL 15TH.

Part year Resident

Fiscal Year: File within 4 months after
End of the Period
Fiscal Period _____ to _____

Date moved **INTO** SCIO: _____
Date moved **OUT** OF SCIO: _____

PLEASE PRINT

Name: _____
Spouses Name: _____
Address: _____

Social Security No.: _____
Social Security No.: _____
Federal ID No.: _____
Phone No.: _____

COMPENSATION FROM WAGES (ATTACH: W-2'S , 1099'S AND FEDERAL SCHEDULE 1040). USE AMOUNT IN BOX 5, IF NO AMOUNT IN BOX 5, USE BOX 18 FROM W-2. USE THE LARGEST AMOUNT. LIST ADDITIONAL W2'S AND 1099'S ON BACK.

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

- 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----- \$ _____		Enter Line 2B above----- \$ _____	
Contributions----- \$ _____			
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