

Resident: Yes _____ No _____

FILE NO LATER THAN APRIL 15TH.

INCOME TAX RETURN

20 _____

Part year Resident

Fiscal Year: File within 4 months after

Date moved **INTO** SCIO: _____

End of the Period

Date moved **OUT OF** SCIO: _____

Fiscal Period _____ to _____

PLEASE PRINT

Name: _____ **DOB:** _____ **Social Security No:** _____

Spouses Name: _____ **DOB:** _____ **Social Security No:** _____

Address: _____ **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-----\$ _____		_____	
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