

FILE WITH: **VILLAGE OF LUCKEY**  
**INCOME TAX DEPARTMENT**  
 PO Box 266  
 LUCKEY, OH 43443  
 PHONE: (419) 833 8721  
 FAX: (419) 833 8701

(TAX OFFICE USE ONLY)	
DEPOSIT#	
DATE	
AMT PD	
REVIEW [ ]	FILE [ ]
Account No.	
Federal ID No.	
Soc. Sec. No. (H)	
Soc. Sec. No. (W)	

Tax Year: [ ] Due Date: April 15, [ ]  
 Fiscal Period from [ ] through [ ]

<b>ENTER NAME AND ADDRESS:</b>	<b>IF YOU MOVED DURING THE YEAR, COMPLETE THIS BLOCK.</b>	
	Date moved into Luckey	
	Previous Address	
	Date moved out of Luckey	
	Present Address	
	City, State, Zip	
PHONE NO.	Landlord's name and address:	
<b>FILING REQUIRED EVEN IF NO TAX DUE</b>		

<b>SECTION A - INCOME</b>	Indicate here if you are:	<input type="checkbox"/> Retired and have no taxable income
	<input type="checkbox"/> Unemployed for the entire year	<input type="checkbox"/> Other

1. ENTER EMPLOYER'S NAME, WHERE EMPLOYED AND QUALIFYING WAGES, SALARIES, BONUSES, COMMISSIONS, AND OTHER COMPENSATION RECEIVED. IF ADDITIONAL SPACE IS NEEDED, ATTACH SEPARATE SHEET.

EMPLOYER'S NAME (List W-2's separately)	CITY WHERE EMPLOYED	TAX WITHHELD FOR LUCKEY	TOTAL WAGES PER W-2's & 1099's ATTACHED
W-2'S & 1099 MISC. FOR WAGES MUST BE ATTACHED			
1a. (IF THIS IS YOUR ONLY INCOME GO TO LINE 3)			1a.

(LOSSES FROM PAGE 2 MAY NOT BE DEDUCTED FROM W-2 EARNINGS)

- |  |          |
|--|----------|
| 2. Page 2 INCOME SCHEDULES C, E & H            | 2. _____ |
| 3. INCOME SUBJECT TO VILLAGE OF LUCKEY TAX     | 3. _____ |
| 4. VILLAGE OF LUCKEY INCOME TAX - 1% OF LINE 3 | 4. _____ |

**SECTION B - CREDITS**

- |  |                      |
|--|----------------------|
| 5a. PAYMENTS ON ESTIMATED TAX                    | 5a. _____            |
| 5b. CREDITS FOR PRIOR YEAR (CARRYOVERS)          | 5b. _____            |
| 6. VILLAGE OF LUCKEY TAX WITHHELD                | 6. _____             |
| 7. TOTAL CREDITS (ADD LINES 5a, 5b AND 6)        | 7. _____             |
| 8. IF LINE 4 IS GREATER THAN 7, ENTER DIFFERENCE | BALANCE DUE 8. _____ |

9. INTEREST/PENALTY: 2% ON BALANCE DUE, PER MONTH, PLUS \$5.00 PER MONTH LATE FILING FEE. (FILING NOT COMPLETE UNTIL ALL PAYMENTS ARE MADE) TOTAL P/I 9. \_\_\_\_\_
10. TOTAL DUE - (PAYMENTS OF \$3.00 OR LESS ARE NOT REQUIRED) 10. \_\_\_\_\_
11. IF LINE 7 IS GREATER THAN LINE 4 RESULTING IN OVERPAYMENT, PLEASE INDICATE IF YOU DESIRE REFUND \$ ..... OR CREDITED TO TAX \$ .....

(OVERPAYMENT LESS THAN \$3.00 WILL NOT BE REFUNDED OR CARRIED FORWARD)

The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated and the 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.

(Signature of firm or person, other than taxpayer, preparing return)	Date	Signature of Taxpayer	Date
Address	Phone No.	Signature of Spouse (if joint return)	Date

If you used the services of a tax preparer, the Income Tax Division may need to discuss your tax return, estimated payments and federal schedules with him or her. CHECK THE FOLLOWING BOX IF YOU WISH TO ALLOW US TO DISCUSS YOUR LUCKEY TAX RETURN WITH YOUR PREPARER. [ ]

**SCHEDULE C**  
**PROFIT OR LOSS FROM BUSINESS OR PROFESSION – Attach a copy of Federal Schedules**

**Business Name** \_\_\_\_\_ **Business Address** \_\_\_\_\_

1. Net Profit or Loss..... \$ \_\_\_\_\_

2. Add Items not Deductible, IF APPLICABLE (Schedule X Line J) .....

3. Deduct Items not Taxable, IF APPLICABLE (Schedule X Line P) .....

4. Adjusted Net Profit or Loss .....

5. Schedule Y \_\_\_\_\_% allocable to This Village .....

6. Less allocable net loss carry-forward 5 year limit .....

7. **Net Profit or Loss (NET PROFIT ONLY, Line 4 or Line 7 enter on Line 2, page 1)** .....

**SCHEDULE E – INCOME FROM RENTS**  
 Attach a copy of Federal Schedules

Type & Address of property, City & State	Amount of Rent	Depreciation	Repairs	Other Expenses	Eligible Loss Carry Forward	Net Income or Loss
	\$	\$	\$	\$	\$	\$

NOTE: LOSS Carry – Forward 5 year limit NET INCOME ONLY – Enter on Line 2, page 1 \$ \_\_\_\_\_

**SCHEDULE H – ALL OTHER TAXABLE INCOME – Attach a copy of Federal Schedules**

Income from partnerships (1065), S Corporations (1120S), Farm, Estates, Trusts, Director's Fees, Ordinary Income (Form 4797) and other sources.  
 (Refer to the TAXABLE INCOME and NET PROFITS listing)

Received From	For (DESCRIBE)	Amount
		\$
	TOTAL INCOME – Enter line 2, page 1	\$

**FOR BUSINESS ACCOUNTS SCHEDULE X – RECONCILIATION WITH FEDERAL INCOME TAX RETURN**

ITEMS NOT DEDUCTIBLE		ADD	ITEMS NOT TAXABLE/NOT DEDUCTIBLE FROM FEDERAL FORMS	DEDUCT	
A.	Federally deducted losses from IRC 1221 or 1231 property of dispositions	A. _____	K.	Capital gains (IRC 1221 or 1231 property dispositions except to the extent of the income and gains apply to those described in IRC 1245 or 1250)	K. _____
B.	Five percent of intangible income reported in letter O, except that from IRC 1221 property dispositions	B. _____	L.	Federally reported intangible income such as, but not limited to interest dividends and patent and copyright income	L. _____
C.	Taxes based on income (State)	C. _____	M.	Amount of Federal Tax Credit to the extent they have reduced corresponding operating expenses	M. _____
D.	Taxes based on income (City)	D. _____	N.	Not previously deducted IRC Section 179 Expense	N. _____
E.	Guaranteed payments or accruals to or for current or former partners or members	E. _____	O.	Other	O. _____
F.	Federally deducted dividends distributions, or amounts set aside for, credited to or distributed to REIT or RIC investors	F. _____	P.	Total Lines K through O	P. _____
G.	Federally deducted amounts paid or accrued to or for qualified self-employed retirement plans, health insurance plans and life insurance plans for owners or owner-employees of non-C corporation entities	G. _____			
H.	Charitable Contributions (up to federal allowance)	H. _____			
I.	Other	I. _____			
J.	Total Lines A through I	J. _____			

**SCHEDULE Y BUSINESS ALLOCATION FORMULA**

	LOCATED EVERYWHERE	LOCATED IN THIS VILLAGE	PERCENTAGE (B/A)
<b>Step 1.</b> AVG.ORIGINAL COST OF REAL & TANGIBLE PERSONAL PROPERTY	\$ _____	\$ _____	
GROSS ANNUAL RENTALS PAID MULTIPLIED BY 8	\$ _____	\$ _____	
TOTAL STEP 1.	\$ _____	\$ _____	_____ %
<b>Step 2.</b> GROSS RECEIPTS FROM SALES MADE AND/OR WORK OR SERVICES PERFORMED (SEE INSTRUCTIONS)	\$ _____	\$ _____	_____ %
<b>Step 3.</b> WAGES, SALARIES AND OTHER COMPENSATION	\$ _____	\$ _____	_____ %
<b>Step 4.</b> TOTAL PERCENTAGES			
AVERAGE PERCENTAGES (Divide Total Percentages by Number of Percentages Used)			_____ %
<b>Step 5.</b>			Carry to Schedule C, Line 5: _____ %

**SCHEDULE Z Partner's distributive shares of net income (from federal schedule 1065k and 1099)**

1. NAME/ADDRESS OF EACH PARTNER	2. RESIDENTS		3. DIST SHARES OF PARTNERS		4. OTHER PAYMENTS	5. TAXABLE PERCENTAGE	6. Amount Taxable
	YES	NO	PERCENT	AMOUNT			
(a)			%		\$	%	\$
(b)			%		\$	%	\$
(c)			%		\$	%	\$
(d)			%		\$	%	\$
<b>7. TOTALS</b>			<b>100%</b>		<b>\$</b>		<b>\$</b>