

# Village of Ottawa Hills Income Tax Return 2009

For Calendar year ending December 31, 2009 or for the

\_\_\_\_\_ months ending \_\_\_\_\_

FOR USE OF ALL TAXPAYERS SUBJECT TO OTTAWA HILLS INCOME TAX

Corporate or Trade Name, name of responsible official, proprietor, or individual and address as they appear on our records. **Make necessary corrections.**

OFFICE USE ONLY

OH91TF

C/O \_\_\_\_\_ L C F \_\_\_\_\_

REF \_\_\_\_\_ USED \_\_\_\_\_

NRR \_\_\_\_\_

Assistance in preparing your Ottawa Hills Income Tax Return is Available at the Municipal Building or by phone at (419) 536-6502.

All Residents of Ottawa Hills **MUST FILE** a Return, even if the tax has been withheld from his or her pay. If you have no taxable income, please explain and return this form.

### THIS IS NOT A FEDERAL RETURN

File this Return with COMMISSIONER OF TAXATION, VILLAGE OF OTTAWA HILLS, 2125 Richards Road, Ottawa Hills, Ohio 43606-2599 on or before **APRIL 15, 2010** or within 4 months after the close of a fiscal year or period.

Your Social Security Number \_\_\_\_\_

Spouse's Social Security Number \_\_\_\_\_

Are you a resident of Ottawa Hills? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, give City \_\_\_\_\_ or Township \_\_\_\_\_

Do you own this property Yes \_\_\_\_\_ No \_\_\_\_\_

or rent? Yes \_\_\_\_\_ No \_\_\_\_\_

Name and Address of Landlord: \_\_\_\_\_

Will you have 2010 Village taxable income? Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, explain \_\_\_\_\_

Date of change of address since Jan 1, 2009 \_\_\_\_\_

Date moved to Ottawa Hills \_\_\_\_\_

Date moved out of Ottawa Hills \_\_\_\_\_

Indicate number of days spent outside city of employment for job related travel \_\_\_\_\_  
(See enclosed Non-Resident Refund Claim)

1. **INCOME** Enter **TOTAL** wages, salaries, bonuses, incentive payments, commissions and other compensation (before payroll deductions) received between January 1st and December 31st, 2009. ATTACH ALL W-2's.

(1) \$ \_\_\_\_\_

2. **OTHER INCOME** (see back of this page) ATTACH Federal Income Schedules & Statements

(2) \$ \_\_\_\_\_

3. **SCHEDULE X ADJUSTMENTS** (see back of this page for Schedule X worksheet)

(3) \$ \_\_\_\_\_

4. **ADJUSTED NET INCOME** (Add Lines 1, 2 & 3)

**Sub-Total**

(4) \$ \_\_\_\_\_

5. **SCHEDULE Y** (see back of this page for Schedule Y worksheet)

\_\_\_\_\_ % of business income in step 5 (on back) allocable to Ottawa Hills

(5) \$ \_\_\_\_\_

6. **ALLOCABLE LOSS CARRY-FORWARD** (see Instructions)

(6) \$ \_\_\_\_\_

7. **INCOME SUBJECT TO OTTAWA HILLS TAX** (Line 4 less Line 6) or (Line 5 less Line 6)

(7) \$ \_\_\_\_\_

8. **OTTAWA HILLS INCOME TAX** (1.5% of Line 7)

(8) \$ \_\_\_\_\_

9. **CREDITS AND PAYMENTS** ATTACH all W-2's and / or verification of tax paid

a. Tax withheld to Ottawa Hills

(9a) \$ \_\_\_\_\_

b. Ottawa Hills Tax Credit (from worksheet back of this page)

(9b) \$ \_\_\_\_\_

c. Payments on 2009 Estimate of Ottawa Hills Income Tax

(9c) \$ \_\_\_\_\_

d. Non-Resident Refund Claim ATTACHED, Completed & Assigned

(9d) \$ \_\_\_\_\_

e. TOTAL of Lines 9a, 9b, 9c and 9d

(9e) \$ ( \_\_\_\_\_ )

10. **LATE FILING** Interest and Penalty must be included if return is filed after April 15th.

SUB-TOTAL \$ \_\_\_\_\_

a. Interest @ 1% per month or fraction thereof based on unpaid taxes

(10a) \$ \_\_\_\_\_

b. Penalty @ 1% per month or fraction thereof based on unpaid taxes

(10b) \$ \_\_\_\_\_

c. TOTAL of Lines 10a and 10b

(10c) \$ \_\_\_\_\_

11. **TOTAL AMOUNT DUE** IF Line 8 & Line 10c Exceeds Line 9e

**PAYMENT MUST ACCOMPANY THIS RETURN** (11) \$ \_\_\_\_\_

### MAKE CHECK PAYABLE TO: OTTAWA HILLS TAX

Visa, MasterCard, American Express and Discover are accepted: visit [www.ottawahills.org](http://www.ottawahills.org). Click on Government Services/Income Tax.

**AMOUNTS UNDER \$5.00 WILL NOT BE REFUNDED, BILLED, OR CARRIED FORWARD**

12. **OVERPAYMENT** IF Credits (Line 9e) exceed Tax (Line 8)

(12) \$ \_\_\_\_\_

a. Amount of Line 12 to be credited to 2010 Estimate

(12a) \$ \_\_\_\_\_

b. Amount of Line 12 to be Refunded

(12b) \$ \_\_\_\_\_

The undersigned declares that this return is true, correct and complete for tax year 2009. If an audit of Federal Return affects tax liability on this return, the undersigned agrees to file an amended Ottawa Hills Return within 3 months. If this return was prepared by a tax practitioner, check here if we may **NOT** contact him/her directly with questions regarding the preparation of this return.

Signature

Phone Number

Signature of preparer of return if other than Taxpayer

Date

Signature of Taxpayer's Spouse if joint return

Date

Name, Address and Phone Number of Firm or Employer

**PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION** \$ \_\_\_\_\_  
**INCOME FROM RENTALS, PARTNERSHIPS, ESTATES OR TRUSTS** \$ \_\_\_\_\_  
**INCOME FROM FARMING** \$ \_\_\_\_\_  
**Total Income (or Loss)** \$ \_\_\_\_\_

**OTHER INCOME** Income not reported elsewhere: Fees, Tips, 1099 Income, Federal Tax Sheltered Annuities, 4797 Recapture of Excess Depreciation, Misc. Income. From Other Income on Federal 1040 (Do Not Include Interest or Dividends)

| Received From                      | Nature | Amount          |
|------------------------------------|--------|-----------------|
| _____                              | _____  | \$ _____        |
| _____                              | _____  | \$ _____        |
| <b>TOTAL - LINE 2 (front page)</b> |        | <b>\$ _____</b> |

**SCHEDULE X** USE THIS RECONCILIATION WITH FEDERAL INCOME TAX RETURN ONLY IF ITEM IS INCLUDED ON LINE 2 Front Page

| Items Not Deductible   | Add             | Items Not Taxable   | Deduct          |
|--|-----------------|---|-----------------|
| a. Losses: Capital, S-Corp .....   | \$ _____        | n. Capital gain (Excluding Ordinary Gains) .....              | \$ _____        |
| b. Interest and / or Other Expenses incurred in the production of non-taxable income at least 5% of Line Z ..... | \$ _____        | o. Interest earned or accrued .....                           | \$ _____        |
| c. All Income Taxes paid or accrued .....  | \$ _____        | p. Dividends (less Federal exclusion) .....                   | \$ _____        |
| d. Net operating loss deduction per Federal Return .....   | \$ _____        | q. Income from Patents, Copyrights, S-Corps.....              | \$ _____        |
| e. Payments to partners (from Federal, Form 1065) .....  | \$ _____        | r. Deductible employee business expenses .....                | \$ _____        |
| f. Sick pay not included in Line 1 Page 1 .....  | \$ _____        | (Reduce by 2% AGI—attach Form 2106, Form 1040 Sch A)          |                 |
| g. Aggregated Net Loss .....   | \$ _____        | s. Other Income exempt from Ottawa Hills Income Tax .....     | \$ _____        |
| h. Other .....   | \$ _____        | Explain _____   |                 |
| m. <b>Total Additions</b> .....  | <b>\$ _____</b> | z. <b>Total Deductions</b> .....                              | <b>\$ _____</b> |
|  |                 | <b>NET ADJUSTMENTS (Line m less Line z) Line 3 front page</b> | <b>\$ _____</b> |

**SCHEDULE Y BUSINESS ALLOCATION FORMULA**

|        |   | a. Located Everywhere | b. Located in Ottawa Hills | c. Percentage (b+a) |
|--------|---|-----------------------|----------------------------|---------------------|
| Step 1 | Average value of Real & Tangible Personal property .....  | \$ _____              | \$ _____                   | XXXXXXX             |
|        | Gross Annual Rentals Multiplied by 8.....   | \$ _____              | \$ _____                   | XXXXXXX             |
|        | Total Step 1  | \$ _____              | \$ _____                   | _____%              |
| Step 2 | Wages, Salaries, Etc., Paid.....  | \$ _____              | \$ _____                   | _____%              |
| Step 3 | Gross Receipts from Sales Made and / or Work or Services Performed .....                                    | \$ _____              | \$ _____                   | _____%              |
| Step 4 |   |                       | Total Percentages          | _____%              |
| Step 5 | Average Percentage (Divide Total Percentages by Number of Factors Used): Line 5 calculation front page..... |                       |                            | _____%              |

**SCHEDULE Z PARTNER'S DISTRIBUTIVE SHARES OF NET INCOME** *TO BE FILLED OUT BY PARTNERSHIP ENTITY ONLY*

| 1. Name, Address and Social Security Number of Each Partner | 2. Distributive Share of Each Partner Amount |
|---|--|
| (a) _____   | \$ _____                                     |
| (b) _____   | \$ _____                                     |
|   | <b>TOTAL \$ _____</b>                        |

**TAX CREDIT WORKSHEET**  
Use this format for each Municipality

|  | (1)             | (2)          |
|--|-----------------|--------------|
| Step 1 Name of Municipality                          | _____           | _____        |
| Step 2 Tax Withheld or Paid (i.e., W-2, Partnership) | \$ _____        | \$ _____     |
| Step 3 Less Refund (i.e., NRR, TER, etc.)            | \$ ( _____ )    | \$ ( _____ ) |
| Step 4 Net Tax Withheld or Paid                      | \$ _____        | \$ _____     |
| Step 5 Multiply by Factor (see Table #1)             | X _____         | X _____      |
| Step 6 Ottawa Hills Credit (Line 9b)                 | \$ _____        | \$ _____     |
| <b>Total Credit (total Step 6 amounts)</b>           | <b>\$ _____</b> |              |

| <b>TABLE #1</b>    |         |
|--------------------|---------|
| Municipal Tax Rate | Factor* |
| 2.25%              | .333    |
| 2.0%               | .375    |
| 1.5%               | .50     |
| 1.0%               | .50     |

\*FACTOR =  $\frac{\text{Lower Tax Rate}}{\text{Other Municipal Tax Rate}} \times 50\%$

(Ottawa Hills tax credit limited to 50% of lesser tax rate on the same income taxable to both cities)