

FILE WITH
VILLAGE of MORROW
Income Tax Department
150 E. Pike Street
Morrow, Ohio 45152
(513) 899-2821

VILLAGE OF MORROW

INCOME TAX RETURN

FILE ON OR BEFORE APRIL 15,
OR 3 1/2 MONTHS AFTER FISCAL YEAR-END

FISCAL YEAR DATE _____ TO _____

MAKE CHECK OR MONEY ORDER
PAYABLE TO

Village of Morrow
Income Tax

NOTICE: By law, all refunds and credits, in excess of \$10.00 are being reported to IRS.

THIS SPACE FOR TAX OFFICE ONLY

PRINCIPAL BUSINESS ACTIVITY _____

TAXPAYERS NAME AND ADDRESS

CORPORATION PARTNERSHIP SOLE PROPRIETOR

IF OTHER, EXPLAIN: _____

BUSINESS TELEPHONE: _____

FEDERAL ID # _____

[Empty box for Taxpayer Name and Address]

ARE YOU A RESIDENT OF MORROW? YES NO
DID YOU FILE A PREVIOUS YEAR RETURN? YES NO
HAS IRS INCREASED YOUR INCOME TAX LIABILITY FOR ANY PRIOR YEAR? YES NO
IF SO HAS AN AMENDED VILLAGE OF MORROW INCOME TAX RETURN BEEN FILED? YES NO
IF MOVED SINCE THE PREVIOUS FINAL RETURN WAS DUE
GIVE DATE INTO CITY _____ OR OUT OF _____

- INCOME** 1. ADJUSTED FEDERAL TAXABLE INCOME (SECTION A, PAGE 2) ATTACH FEDERAL RETURN & SCHEDULES \$ _____
- 2 a. ITEMS NOT DEDUCTIBLE (FROM LINE M SCHEDULE X, PAGE 2) ADD \$ _____
- ADJUST-** b. ITEMS NOT TAXABLE (FROM LINE Z SCHEDULE X, PAGE 2) DEDUCT \$ _____
- MENTS** c. DIFFERENCE BETWEEN LINES 2a & b TO BE ADDED TO OR SUBTRACTED FROM LINE 1 \$ _____
- TO** 3 a. ADJUSTED NET PROFIT/LOSS (LINE 1 PLUS OR MINUS LINE 2C IF SCHEDULE X IS USED) \$ _____
- b. AMOUNT OF LINE 3a APPORTIONED (_____ % FROM LINE 5 SCHEDULE Y, PAGE 2) \$ _____
- INCOME** c. LESS ALLOCABLE LOSS PER PREVIOUS FILED INCOME TAX RETURN (ATTACH SCHEDULE) LOSS CARRYFORWARD LIMITED TO 5 YEARS \$ _____
- 4. NET PROFIT/LOSS SUBJECT TO MUNICIPAL INCOME TAX (LINE 3a OR 3b LESS LINE 3c) \$ _____
- TAX** 5. MORROW INCOME TAX IS 1% OF LINE 4 \$ _____
- 6. CREDITS:
- a. PAYMENT AND/OR CREDITS ON _____ DECLARATION OF ESTIMATED TAX \$ _____
- b. PRIOR YEAR OVERPAYMENTS \$ _____
- c. TOTAL ALLOWABLE CREDITS \$ _____
- 7. IF LINE 5 GREATER THAN LINE 6c, PAYMENT OF _____ TAX BALANCE IS DUE WITH THIS RETURN \$ []
- 8. OVERPAYMENT TO BE REFUNDED \$ _____ OR CREDITED \$ _____ TO NEXT YEAR'S ESTIMATE (ENTER ON LINE 10b)

OFFICE
USE
ONLY

a. INTEREST CHARGE \$ _____ PLUS PENALTY CHARGE \$ _____ = TOTAL ASSESSMENT \$ _____

b. UNPAID TAX BALANCE (LINE 6) \$ _____ + TOTAL ASSESSMENT (LINE 7a) \$ _____ = TOTAL AMOUNT DUE \$ _____

DECLARATION OF ESTIMATED TAX FOR YEAR _____

- 9. TOTAL INCOME SUBJECT TO TAX \$ _____ MULTIPLY BY RATE OF 1 % FOR GROSS TAX OF \$ _____
- 10 LESS EXPECTED CREDITS:
- a. OPERATING LOSS CARRYFORWARD (ATTACH SCHEDULE) \$ _____
- b. OVERPAYMENT FROM PRIOR YEAR \$ _____
- c. TOTAL CREDITS \$ _____
- 11. NET TAX DUE (LINE 9 LESS LINE 10c) \$ _____
- 12. AMOUNT DUE WITH THIS DECLARATION (NOT LESS THAN 1/4 OF LINE 11) \$ []
- 13. BALANCE OF _____ TAX (LINE 7) \$ _____

14. AMOUNT ENCLOSED FOR _____ TAX (LINE 7) \$ _____ PLUS _____ DECLARATION (LINE 12) \$ _____ = \$ []

I CERTIFY THAT I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) AND TO THE BEST OF MY KNOWLEDGE AND BELIEF 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 KNOWLEDGE

Signature of Person Preparing if Other than Taxpayer _____ Date _____

Signature of Taxpayer or Agent (Required) _____ Date _____

Address _____ and Telephone Number _____

May we discuss this return with the preparer shown to the left? () YES () NO