

ACCOUNT # YEAR

CELINA INCOME TAX RETURN

*Return Due April 17th or the fifteenth day of the fourth month after the end of the fiscal period

Residency Status (✓ one)

- Resident
Non-Resident
Partial Year Resident

Tax Administrator
225 N. Main St. - P.O. Box 117
Celina, Ohio 45822-0117

Revised 11-17

From To

Blank area for taxpayer information.

- FILING STATUS: Single, Married filing joint return, Married filing separate return

Taxpayer SS#

Spouse SS#

Federal I.D. No.

Please contact my tax preparer if additional information is required. YES NO

Make checks payable to: Celina Tax Administrator

*Online Payment Service now available.

Change of Address

PAGE 1, SECTION 1, WAGES AND OTHER INCOME, Lines 1 thru 4

Table with 4 rows: 1. Gross W-2 Wages, 2. Less Employee Business Expenses, 3. Less Non-Resident Income, 4. Taxable Income

PAGE 1, SECTION 2, BUSINESS INCOMES AND ADJUSTMENTS, Lines 5 thru 10

Table with 19 rows: 5. Business Income, 6. Adjustments To Income, 7. Adjusted Gross Income, 8. Amount Allocable, 9. Less Net Loss From Previous Returns, 10. Taxable Other Income, 11. Total Taxable Income, 12. Celina Income Tax, 13. A. Celina Tax Withheld, B. Credit Carry-over, C. Estimated Tax Paid, D. Other City Tax Withheld, 14. Total Credits Allowable, 15. Tax Due, 16. Late Payment, 17. Late Filing Fee, 18. TOTAL AMOUNT DUE, 19. Overpayment

PAGE 1, SECTION 3, DECLARATION OF ESTIMATED TAX DUE APRIL 15th

Table with 3 rows: 20. Total Estimated Tax for YEAR, 21. Amount Paid With This Estimate, 22. Total Tax Due

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.

Signature of Taxpayer or Agent, Title, Date, Signature of Spouse, Address, Address, Phone Number

Signature of Person Preparing Return, Date, Address of Above, Phone Number of Above

ATTACH W-2's, 1099M's and Schedules

PAGE 2, SECTION 2, OTHER INCOME

(ALL APPROPRIATE FEDERAL SCHEDULES MUST BE ATTACHED. A RETURN IS NOT COMPLETE UNLESS SUCH SCHEDULES, OR FACSIMILE OF, ARE ATTACHED.)

LINE 5 – BUSINESS INCOME:			TOTAL
Schedule C, E and/or F			
Schedule 8825, 4835, 4797			
Schedule K-1			
Schedule 1065, 1120, 1120S, 1041			
NET TOTAL OTHER INCOME TO PAGE 1, SECTION 2, LINE 5			\$

LINE 6 – ADJUSTMENTS TO INCOME: <small>(USE ONLY IF THESE INCOME ITEMS WERE INCLUDED IN SCHEDULES FROM PAGE 2, SECTION 2, LINE 5)</small>	Sch-X	ITEMS NOT DEDUCTIBLE	ITEMS NOT TAXABLE	TOTAL
A) Capital losses (Excluding ordinary losses).....				
B) Expenses applicable to non-taxable income (5%).....				
C) Taxes based on income				
D) NOL deduction per federal return				
E) Payments to partners, including S Corp.....				
F) Deferred comp and fringe benefits.....				
G) Shareholders/Partners Health and/or Life Insurance				
Other -				
H) Capital gains (Excluding ordinary gains)		<	>	
I) Interest Income		<	>	
J) Dividends		<	>	
K) Other -		<	>	
.....		<	>	
NET TOTAL ADJUSTMENT TO INCOME TO PAGE 1, SECTION 2, LINE 6				\$

LINE 8 – ALLOCATION PERCENTAGE:	Sch-Y	LOCATED EVERYWHERE	LOCATED IN CELINA	TOTAL
Step 1. Average original cost of real and tangible personal property				
Gross annual rentals multiplied by 8				
Total Step 1				%
Step 2. Gross receipts from sales or services.....				%
Step 3. Total wages, salaries and other comp.....				%
Step 4. Total percentages (divide by steps used for step 5 average percent).....				%
STEP 5 NET TOTAL AVERAGE PERCENTAGE TO PAGE 1, SECTION 2, LINE 8				%

LINE 9 – NET OPERATING LOSS DEDUCTION FROM PRIOR CITY RETURNS		TOTAL
FIFTH PRECEDING YEAR	< >	
FOURTH PRECEDING YEAR	< >	
THIRD PRECEDING YEAR	< >	
SECOND PRECEDING YEAR.....	< >	
PRECEDING YEAR	< >	
NET TOTAL OPERATING LOSS TO PAGE 1, SECTION 2, LINE 9		< >