

**CELINA INCOME TAX RETURN**

ACCOUNT # \_\_\_\_\_ YEAR \_\_\_\_\_

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

\*Return Due April 18th or the fifteenth day  
of the fourth month after the end of the  
fiscal year

Revised 11-21

Residency Status (✓ one)

- Resident
  - Non-Resident
  - Partial Year Resident
- From \_\_\_\_\_ To \_\_\_\_\_

[Redacted Area]

**FILING STATUS**  Single  
 Married filing joint return (even if only one had income)  
 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

ATTACH W-2's, 1099M's Federal 1040 (pg1) & Schedules

**PAGE 1, SECTION 1, WAGES AND OTHER INCOME, Lines 1 thru 3**

1. <b>Gross W-2 Wages</b> , Lottery/Gambling Winning, 1099 MISC. (Attach forms) .....	1)
2. <b>Less Non-Resident Income, If Part-Year Resident</b> (Attach worksheet/Employer letter) .....	2) < _____ >
3. <b>Taxable Income</b> (Line 1 less line 2) If no business income, take total to line 10 .....	3)

**PAGE 1, SECTION 2, BUSINESS INCOMES AND ADJUSTMENTS, Lines 4 thru 9**

4. <b>Business Income</b> (From page 2, line 4) .....	4)
5. <b>Adjustments To Income</b> - Schedule X (From page 2, line 5).....	5)
6. <b>Adjusted Gross Income</b> (Add lines 4 and 5) .....	6)
7. <b>Amount Allocable</b> - Schedule Y (From page 2, line 7 - _____ % x line 6).....	7)
8. <b>Less Net Loss From Previous Returns</b> (From page 2, line 8).....	8) < _____ >
9. <b>Taxable Other Income</b> (Add lines 6 or 7 and 8) .....	<b>DO NOT ENTER LOSS</b> 9)
10. <b>Total Taxable Income</b> (Add lines 3 and 9) .....	10)
11. <b>Celina Income Tax</b> (multiply line 10 by 1.5%) .....	11)
12. A. <b>Celina Tax Withheld</b> .....	12A) < _____ >
B. <b>Credit Carry-over</b> .....	12B) < _____ >
C. <b>Estimated Tax Paid</b> .....	12C) < _____ >
D. <b>Other City Tax Withheld</b> (maximum allowable credit 1%).....	12D) < _____ >
13. <b>Total Credits Allowable</b> (Add lines 12A through D) .....	13) < _____ >
14. <b>Tax Due</b> (If line 11 amount is greater than line 13) .....	14)
15. <b>Late Payment</b> (Penalty: 15% of amount not timely paid) (Interest: .42% per month) .....	15)
16. <b>Late Filing Fee \$25 per month</b> (up to \$150).....	16)
17. <b>TOTAL AMOUNT DUE</b> (Add lines 14, 15 and 16) (No tax due or refunded if less than \$10.01) .....	17)
18. <b>Overpayment</b> (If line 13 amount is greater than line 11) .....	18)
18A) <b>Credited to 2022</b> _____	18B) <b>Refund</b> _____

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

19. <b>Total Estimated Tax for YEAR</b> _____ / <b>Preceding Years Income at 1.5%</b> .....	19)
20. <b>Amount Paid With This Estimate</b> (At least 1/4 of line 19).....	20)
21. <b>Total Tax Due</b> (Add lines 17 and 19 or 20) .....	21)

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 person other than taxpayer, the declaration is based on all information of which preparer has any knowledge.

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 \_\_\_\_\_

**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.)

<b>LINE 5 – BUSINESS INCOME:</b>			TOTAL
Schedule C, E and/or F .....			
Schedule 8825, 4835, 4797 .....			
Schedule K-1 .....			
Schedule 1065, 1120, 1120S, 1041 .....			
<b>NET TOTAL OTHER INCOME TO PAGE 1, SECTION 2, LINE 4</b>			\$

<b>LINE 5 – ADJUSTMENTS TO INCOME:</b> (USE ONLY IF THESE INCOME ITEMS WERE INCLUDED IN SCHEDULES FROM PAGE 2, SECTION 2, LINE 4)	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 - .....			< >	
.....			< >	
.....			< >	
<b>NET TOTAL ADJUSTMENT TO INCOME TO PAGE 1, SECTION 2, LINE 5</b>				\$

<b>LINE 7 – ALLOCATION PERCENTAGE:</b>	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).....				%
<b>STEP 5 NET TOTAL AVERAGE PERCENTAGE TO PAGE 1, SECTION 2, LINE 7</b>				%

<b>LINE 8 – NET OPERATING LOSS DEDUCTION FROM PRIOR CITY RETURNS</b>		TOTAL
FIFTH PRECEDING YEAR .....	< >	
FOURTH PRECEDING YEAR.....	< >	
THIRD PRECEDING YEAR.....	< >	
SECOND PRECEDING YEAR.....	< >	
PRECEDING YEAR .....	< >	
<b>NET TOTAL OPERATING LOSS TO PAGE 1, SECTION 2, LINE 8</b>		< >

CITY OF CELINA 2021 INCOME TAX RETURN

DUE APRIL 18, 2022

FILING REQUIRED EVEN IF NO TAX IS DUE

PENALTY AND INTEREST WILL BE ASSESSED FOR NON COMPLIANCE

\*\*\*\*\*

COPY OF FEDERAL EXTENSION SHOULD BE FILED WITH THIS OFFICE  
BY APRIL 18 DEADLINE OR AS AN ATTACHMENT



**MAILING;**

Mail your tax return; completed, also including all W2's, appropriate Federal Schedules and the Federal 1040 & \*\*must be signed & dated \*\*

**TO;** Celina City Income Tax Dept.  
225 N Main St  
P.O. Box 117  
Celina, OH 45822-0117

**Tax Balance Payable** by; Cash / Check / Money Order  
And \*On Line Card Pymt. now available

**ASSISTANCE;**

For questions not answered in the General Instructions or for help with filing please call (419) 586-2594 between the hours of 8:00 a.m. to 4:30 p.m. Monday through Friday, also visit our web site at [www.ci.celina.oh.us](http://www.ci.celina.oh.us) also see FAQ

City taxes CAN NOT be e-filed !

INSTRUCTIONS; CELINA INCOME TAX RETURN

- Line 1 Total gross W-2 income (usually located in box 5 / Medicare Wage), W-2G's, lottery and gambling winnings and 1099-MISC's. Please note; if W2 withholding tax credit is marked as "various" or "all cities" you must provide an itemized breakdown by city from your employer and attach to your return. **\*IF ONLY W2 WAGES, CARRY TOTAL TO LINE 10.**
- Line 2 Deduct non-resident earnings if partial year resident / attach worksheet showing calculation, copy of payroll check stub and/or proof from employer.
- Line 3 **Total line 1, less line 2**
- Line 4 Business Income (Schedule Income from page 2 / Sch-C, E, F, K-1 from Partnership, etc. for Individuals) (line 5 through 8 might apply, call with questions)
- Line 9 Total Business Income Note; losses from Federal Schedules may NOT be used to reduce wages, lottery/gambling winnings and/or 1099-MISC income. (The NOL for a tax year allocated to the city of Celina in accordance to ORC 718 may be applied to the profit of succeeding year(s) allocable to the city of Celina until exhausted, but for not more than 5 yrs, with 2017 tax year @ 50% phase-in per State law.
- Line 10 **Total Taxable Income** - from line 3 and 9
- Line 11 Celina Income Tax - multiply line 10 by 1.5% (.015)
- Line 12 Credits - a) total of Celina city tax withheld / do not include school tax credit  
b) credit carry over from previous year  
c) total of Estimated taxes paid  
d) total of "other" city taxes paid 1% limit (wage taxed x 1% maximum)  
\*example; \$25,000 x 1% = \$250
- Line 13 Total of Credits allowable - add lines 12 a through 12 d
- Line 14 **Tax Due** - subtract line 13 from line 11
- Line 15 Late Payment - Penalty 15% of amount not timely paid  
Plus Interest - 5% per annum (.42% per month)
- Line 16 Late Filing Fee - \$25 per month up to six months (\$150) if filed after due date and no extension attached
- Line 17 **Tax Balance Due** Total of lines 14, 15, and 16
- Line 18 Over Payment if line 13 is greater than 11 - a) Credit toward tax year 2021 or b) Refund

**\* FILING MUST INCLUED; Completed city tax form, Signature & Date, Copy of All Tax Documents; Individual's Federal 1040 (pg 1 & Sch-1), W-2's, Sch-C Sch-E Sch-F, K-1 partnership, W2-G. (For business filings; 1120, 1120S, 1065) and Federal Extension if applicable**

**\* Estimated Tax Calculation** \* Required when earnings are not taxed by another Municipality

- Line 19 Tax due from line 11, then deduct 12a, 12d, and 18a
- Line 20 Amount due as 2020 1<sup>st</sup> Quarter Estimate - ¼ of line 19
- Line 21 Total Tax Due / April 15, 2021 - add lines 17 and 19 or 20