

CELINA INCOME TAX RETURN

Residency Status (✓one)

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

*Return Due April 15th or the fifteenth day
 of the fourth month after the end of the
 fiscal period

Resident
 Non-Resident
 Partial Year Resident
 From _____ To _____

Revised 12/24

<p>Name & Address</p> <p>Change of Address</p>	<p>FILING STATUS</p> <p><input type="checkbox"/> Single <input type="checkbox"/> Married filing joint return (even if only one had income) <input type="checkbox"/> Married filing separate return</p> <p>Taxpayer SS# _____ Spouse SS# _____ Federal I.D. No. _____</p> <p>Please contact my tax preparer if additional information is required. <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Make checks payable to: Celina Tax Administrator *Online Payment Service now available.</p>
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ATTACH W-2's, 1099M's Federal 1040 (pg1) & Schedules

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

1. Gross W-2 Wages , Lottery/Gambling Winning, 1099 MISC. (Attach forms)	1)
2. Less Non-Resident Income, If Part-Year Resident (Attach worksheet/Employer letter)	2) < _____ >
3. Taxable Income (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. Business Income (From page 2, line 4)	4)	
5. Adjustments To Income - Schedule X (From page 2, line 5)	5)	
6. Adjusted Gross Income (Add lines 4 and 5)	6)	
7. Amount Allocable - Schedule Y (From page 2, line 7 - _____ % x line 6)	7)	
8. Less Net Loss From Previous Returns (From page 2, line 8)	8)	
9. Taxable Other Income (Add lines 6 or 7 and 8)	9)	DO NOT ENTER LOSS
10. Total Taxable Income (Add lines 3 and 9)	10)	
11. Celina Income Tax (multiply line 10 by 1.5%)	11)	
12. A. Celina Tax Withheld	12A)	
B. Credit Carry-over	12B)	
C. Estimated Tax Paid	12C)	
D. Other City Tax Withheld (maximum allowable credit 1%)	12D)	
13. Total Credits Allowable (Add lines 12A through D)	13) < _____ >	
14. Tax Due (If line 11 amount is greater than line 13)	14)	
15. Late Payment (Penalty: 15% of amount not timely paid) (Interest: .83% per month)	15)	
16. Late Filing Fee \$25	16)	
17. TOTAL AMOUNT DUE (Add lines 14, 15 and 16) (No tax due or refunded if less than \$10.01)	17)	
18. Overpayment (If line 13 amount is greater than line 11)	18)	
18A) Credited to 2025 <input style="width: 100px;" type="text"/>		18B) Refund <input style="width: 100px;" type="text"/>

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

19. Total Estimated Tax for YEAR _____ / Preceding Years Income at 1.5%	19)
20. Amount Paid With This Estimate (At least 1/4 of line 19)	20)
21. Total Tax Due (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 Person Preparing Return _____	Date _____
Signature of Spouse _____			Address of Above _____	
Address _____			Phone Number of Above _____	
Email _____			Phone Number _____	

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 4			\$

LINE 5 – ADJUSTMENTS TO INCOME:	Sch-X	ITEMS NOT DEDUCTIBLE	ITEMS NOT TAXABLE	TOTAL
<small>(USE ONLY IF THESE INCOME ITEMS WERE INCLUDED IN SCHEDULES FROM PAGE 2, SECTION 2, LINE 4)</small>				
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 5				\$

LINE 7 – 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 7				%

LINE 8 – 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 8		< >