

MAIL TO: VILLAGE OF HARTVILLE MANDATORY FILING
P.O. BOX 760 ON OR BEFORE APRIL 17, 2018
HARTVILLE, OHIO 44632-0760

TAX YEAR 2017 DUE DATE APRIL 17, 2018
 FISCAL PERIOD FROM _____ THROUGH _____
 NAME AND ADDRESS _____

IF YOU MOVED DURING THE YEAR, COMPLETE THIS BLOCK

DATE MOVED INTO HARTVILLE _____
 DATE MOVED OUT OF HARTVILLE _____
 PRESENT ADDRESS _____
 CITY, STATE, ZIP _____
 ACCOUNT NUMBER _____
 FEDERAL ID NUMBER _____
 YOUR SS# _____
 SPOUSE SS# _____
 PHONE _____

INDICATE HERE IF YOU ARE:

- UNDER 18-LIST DATE OF BIRTH _____
 RETIRED PRIOR TO 1/1/17 AND HAVE NO TAXABLE INCOME DECEASED-LIST DATE OF DEATH _____
 UNEMPLOYED FOR THE ENTIRE YEAR TOTAL/PERMANENT DISABILITY FINAL RETURN OTHER (EXPLAIN) _____

| | | |
|--|---|----------|
| 1 | WAGES, SALARIES, TIPS & OTHER COMPENSATION (ENCLOSE W-2 FORMS) | \$ _____ |
| 2 | OTHER TAXABLE INCOME: | |
| A. | BUSINESS PROFIT (ATTACH FEDERAL FORMS) PAGE 2 SECTION A OR SCHEDULE Z | \$ _____ |
| B. | RENTAL INCOME (ATTACH FEDERAL FORMS) PAGE 2 SECTION B | \$ _____ |
| C. | TOTAL OTHER TAXABLE INCOME (LINE A PLUS LINE B) NOT LESS THAN ZERO | \$ _____ |
| NOTE: BUSINESS OR RENTAL LOSSES MAY NOT BE USED TO OFFSET WAGES | | |
| 3 | DEDUCT EMPLOYEE BUSINESS EXPENSE (SEE INSTRUCTIONS) | \$ _____ |
| 4 | TAXABLE INCOME (LINE 1 PLUS LINE 2C LESS LINE 3) | \$ _____ |
| 5 | VILLAGE TAX DUE 1.0% OF LINE 4 | \$ _____ |
| 6 | CREDITS: | |
| A. | HARTVILLE INCOME TAX WITHHELD (ATTACH W-2S) | \$ _____ |
| B. | INCOME TAX PAID OTHER MUNICIPALITIES (NOT TO EXCEED 1.0% ON EACH W-2 SEPARATELY)(ATTACH W-2S) ... | \$ _____ |
| C. | OVERPAYMENT FROM PRIOR YEAR | \$ _____ |
| D. | ESTIMATED TAX PAYMENTS | \$ _____ |
| E. | TOTAL CREDITS (ADD LINES A,B,C,D) | \$ _____ |
| 7 | BALANCE TAX DUE, IF LINE 5 IS GREATER THAN LINE 6E. (PAYMENT IN FULL MUST ACCOMPANY RETURN) | \$ _____ |
| 8 | A. PENALTY \$ _____ B. INTEREST \$ _____ C. LATE FILING PENALTY _____ (SEE INSTRUCTIONS) ... | \$ _____ |
| 9 | TOTAL AMOUNT DUE PAYABLE TO VILLAGE OF HARTVILLE (LINE 7 PLUS 8A, 8B, AND 8C) | \$ _____ |
| 10 | OVERPAYMENT TO BE REFUNDED \$ _____ OR CREDITED \$ _____ TO NEXT YEAR ESTIMATE | |

NOTE: NO REFUND WILL BE MADE UNLESS DECLARATION IS FILED AND PAID.
NO TAXES OR REFUNDS OF \$10.00 OR LESS SHALL BE COLLECTED OR REFUNDED.

| DECLARATION OF ESTIMATED TAX FOR YEAR 2018 | |
|--|--|
| 1 | TOTAL ESTIMATE INCOME SUBJECT TO HARTVILLE TAX \$ _____ |
| 2 | HARTVILLE TAX @ 1.0% |
| 3 | LESS TAX TO BE WITHHELD: |
| A. | BY A HARTVILLE EMPLOYER |
| B. | BY AN EMPLOYER IN _____ (NAME OF CITY) |
| 4 | BALANCE OF ESTIMATED HARTVILLE TAX (LINE 2 LESS TOTAL OF LINE 3) |
| 5 | LESS CREDITS: |
| A. | OVERPAYMENT ON PREVIOUS YEAR'S RETURN |
| B. | PREVIOUS PAYMENTS IF THIS IS AN AMENDED DECLARATION |
| C. | OTHER (SPECIFY) |
| | TOTAL CREDITS \$ _____ |
| 6 | NET TAX DUE (LINE 4 LESS TOTAL OF LINE 5) |
| 7 | AMOUNT PAID WITH THIS RETURN (NOT LESS THAN 1/4 OF LINE 6) |

I CERTIFY THAT I HAVE EXAMINED THIS RETURN INCLUDING ACCOMPANYING SCHEDULES, STATEMENTS, AND WORKSHEETS, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE FOR THE TAXABLE PERIOD STATED AND THAT THE FIGURES USED HERIN ARE THE SAME AS USED FOR FEDERAL INCOME TAX PURPOSES. IF PREPARED BY A PERSON OTHER THAN TAXPAYER, THE DECLARATION IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE. CHECK THIS BOX IF WE MAY DISCUSS THIS RETURN WITH YOUR PREPARER

NAME _____
 ADDRESS _____ PHONE _____
 SIGNATURE OF PERSON PREPAIRNG, IF OTHER THAN TAXPAYER _____ DATE _____

SIGNATURE _____ DATE _____
 SIGNATURE _____ DATE _____

| SECTION A BUSINESS PROFIT - ATTACH APPROPRIATE FEDERAL SCHEDULES FOR INCOME FROM PARTNERSHIPS, BUSINESS, ESTATE, TRUSTS, FEES AND OTHER | | | |
|---|----------------|--------------------------|--------|
| RECEIVED FROM | FOR (DESCRIBE) | FEDERAL FORM(S) ATTACHED | AMOUNT |
| | | | |
| | | | |
| TOTAL BUSINESS INCOME (IF SCHEDULE X, Y, OR Z IS NOT APPLICABLE--TO PAGE 1, LINE 2A) ENTER SCHEDULE Z LINE 1 | | | \$ |

| SECTION B | RENTAL INCOME FROM FEDERAL SCHEDULE E AND R |
|---|---|
| 1 RENTAL INCOME FROM FEDERAL SCHEDULE E AND/OR R | \$ |
| 2 NET LOSS CARRY FORWARD (CANNOT BE MORE THAN LINE 1) WORKSHEET MUST BE ATTACHED. | \$ |
| 3 TAXABLE RENTAL INCOME/(LOSS) (ENTER ON PAGE 1 LINE 2B) | \$ |
| ATTACH COPY OF FEDERAL SCHEDULES. | |

| SCHEDULE X. RECONCILIATION WITH FEDERAL INCOME TAX RETURN | | | | | |
|--|----|-------|---|----|--------|
| ITEMS NOT DEDUCTIBLE | | ADD | ITEMS NOT TAXABLE | | DEDUCT |
| A. CAPITAL LOSSES (EXCLUDING ORDINARY LOSSES) | \$ | _____ | N. CAPITAL GAINS (EXCLUDING ORDINARY GAINS) | \$ | _____ |
| B. FIVE PERCENT OF INTANGIBLE INCOME REPORTED IN O, EXCEPT THAT FROM IRC 1221 DISPOSITION | \$ | _____ | O. FEDERALLY REPORTED INTANGIBLE INCOME SUCH AS INTEREST, DIVIDENDS, PATENTS, & COPYRIGHT INCOME | \$ | _____ |
| C. TAXES PAID TO STATE AND LOCAL MUNICIPALITIES | \$ | _____ | P. NET PROFIT OF A PASS-THROUGH ENTITY OWNED DIRECTLY OR INDIRECTLY AND INCLUDED IN TAXPAYER'S TAXABLE INCOME | \$ | _____ |
| D. LOSS INCURRED BY A PASS-THROUGH ENTITY OWNED DIRECTLY OR INDIRECTLY AND INCLUDED IN TAXPAYER'S FEDERAL TAXABLE INCOME | \$ | _____ | Q. ANY INCOME DERIVED FROM A TRANSFER AGREEMENT OR FROM THE ENTERPRISE TRANSFERRED | \$ | _____ |
| E. PAYMENTS TO PARTNERS | \$ | _____ | R. OTHER (EXPLAIN) | \$ | _____ |
| F. FEDERALLY DEDUCTED DIVIDENDS, DISTRIBUTIONS, OR AMOUNTS SET ASIDE FOR CREDIT TO, OR DISTRIBUTED TO REIT OR RIC INVESTORS | \$ | _____ | _____ | \$ | _____ |
| G. GUARANTEED PAYMENTS OR ACCRUALS TO A PARTNER, FORMER PARTNER OR MEMBERS | \$ | _____ | S. COMBINE LINES N-R (ENTER SCHEDULE Z LINE 2B, IF APPLICABLE) | \$ | _____ |
| H. FEDERALLY DEDUCTED AMOUNTS PAID OR ACCRUED TO OR FOR QUALIFIED SELF-EMPLOYED RETIREMENT PLANS, HEALTH INSURANCE PLANS, AND LIFE INSURANCE PLANS FOR OWNERS OR FORMER OWNERS OF NON-C CORPORATE ENTITIES | \$ | _____ | | | |
| I. OTHER EXPENSES NOT DEDUCTIBLE (EXPLAIN) | \$ | _____ | | | |
| J. COMBINE LINES A-I (ENTER SCHEDULE Z LINE 2A, IF APPLICABLE) | \$ | _____ | | | |

| SCHEDULE Y | BUSINESS ALLOCATION FORMULA--USE ONLY IF NET PROFIT FROM HARTVILLE BRANCH IS NOT AVAILABLE | | |
|--|--|-------------------------|----------------------------------|
| | A. LOCATED EVERYWHERE | B. LOCATED IN HARTVILLE | C. PERCENTAGE (B/A) |
| STEP 1 AVG ORIGINAL COST OF REAL & TANG. PERSONAL PROPERTY | _____ | _____ | |
| STEP 2 PROPERTY RENTED OR LEASED (ANNUAL RENT MULTIPLIED BY EIGHT) | _____ | _____ | |
| STEP 3 GROSS RECEIPTS FROM SALES, RENTALS, AND SERVICES | _____ | _____ | _____ % |
| STEP 4 WAGES, SALARIES, AND OTHER COMPENSATION PAID EMPLOYEES | _____ | _____ | _____ % |
| STEP 5 TOTAL PERCENTAGES (ADD PERCENTAGES FROM STEPS 1-4) | | | _____ % |
| STEP 6 AVERAGE PERCENTAGE (DIVIDE TOTAL PERCENTAGES BY NUMBER OF PERCENTAGES USED) | | | _____ % |
| | | | ENTER SCHEDULE Z LINE 3B _____ % |

| SCHEDULE Z | CALCULATION OF TAXABLE BUSINESS INCOME | |
|---|--|-------|
| 1 BUSINESS INCOME | \$ | _____ |
| 2 A. ITEMS NOT DEDUCTIBLE (SCHEDULE X, LINE J) | ADD \$ | _____ |
| B. ITEMS NOT TAXABLE (SCHEDULE X, LINE S) | DEDUCT \$ | _____ |
| C. ENTER EXCESS LINE 2A MINUS 2B (NOT LESS THAN ZERO) | \$ | _____ |
| 3 A. ADJUSTED NET PROFIT (LINE 1 PLUS/MINUS LINE 2C) IF SCHEDULE X IS USED | \$ | _____ |
| B. AMOUNT ALLOCABLE TO HARTVILLE IF SCHEDULE Y STEP 6 IS USED _____ % OF LINE 3A | \$ | _____ |
| 4 TOTAL BUSINESS INCOME PRIOR TO NET LOSS CARRY FORWARD | \$ | _____ |
| 5 NET LOSS CARRY FORWARD USED. CANNOT BE MORE THAN LINE 4. (SEE INSTRUCTIONS AND ATTACH WORKSHEET)... | \$ | _____ |
| 6 TAXABLE BUSINESS INCOME (LOSS) (ENTER ON PAGE 1 LINE 2A) | \$ | _____ |