

MAIL TO: VILLAGE OF HARTVILLE MANDATORY FILING
P.O. BOX 760 ON OR BEFORE APRIL 15, 2019
HARTVILLE, OHIO 44632-0760

IF YOU MOVED DURING THE YEAR, THIS BLOCK	COMPLETE
DATE MOVED INTO HARTVILLE	_____
DATE MOVED OUT OF HARTVILLE	_____
PRESENT ADDRESS	_____
CITY, STATE, ZIP	_____
ACCOUNT NUMBER	_____
FEDERAL ID NUMBER	_____
YOUR SS#	_____
SPOUSE SS#	_____
PHONE	_____

TAX YEAR 2018 DUE DATE APRIL 15, 2019
 FISCAL PERIOD FROM _____ THROUGH _____
 NAME AND ADDRESS _____

INDICATE HERE IF YOU ARE:

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

1	WAGES, SALARIES, TIPS & OTHER COMPENSATION (ENCLOSE W-2 FORMS)	_____	\$	_____
2	OTHER TAXABLE INCOME:			
	A. BUSINESS PROFIT/LOSS (ATTACH FEDERAL FORMS) PAGE 2 SECTION A OR SCHEDULE Z	_____	\$	_____
	B. RENTAL INCOME/LOSS (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	TAXABLE INCOME (LINE 1 PLUS LINE 2C)	_____	\$	_____
4	VILLAGE TAX DUE 1.0% OF LINE 3	_____	\$	_____
5	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)	_____	\$	_____
6	BALANCE TAX DUE, IF LINE 4 IS GREATER THAN LINE 5E. (PAYMENT IN FULL MUST ACCOMPANY RETURN).	_____	\$	_____
7	A. PENALTY \$ _____ B. INTEREST \$ _____ C. LATE FILING PENALTY _____ (SEE INSTRUCTIONS).	_____	\$	_____
8	TOTAL AMOUNT DUE PAYABLE TO VILLAGE OF HARTVILLE (LINE 6 PLUS TOTAL OF LINE 7)	_____	\$	_____
9	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 2019	
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 _____

SIGNATURE _____ DATE _____

ADDRESS _____ PHONE _____

SIGNATURE _____ DATE _____

SIGNATURE OF PERSON PREPARING, IF OTHER THAN TAXPAYER _____ 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. OTHER (EXPLAIN).....		_____
D. LOSS INCURRED BY A PASS-THROUGH ENTITY OWNED DIRECTLY OR INDIRECTLY AND INCLUDED IN TAXPAYER'S FEDERAL TAXABLE INCOME.....	\$	_____	\$	_____
E. PAYMENTS TO PARTNERS.....	\$	_____	Q. ANY INCOME DERIVED FROM A TRANSFER AGREEMENT OR FROM THE ENTERPRISE TRANSFERRED NET PROFIT OF A PASS-THROUGH ENTITY OWNED DIRECTLY OR INDIRECTLY AND INCLUDED IN TAXPAYER'S TAXABLE INCOME.....	\$	_____
F. FEDERALLY DEDUCTED DIVIDENDS, DISTRIBUTIONS, OR AMOUNTS SET ASIDE FOR CREDIT TO, OR DISTRIBUTED TO REIT OR RIC INVESTORS.....	\$	_____	R. COMBINE LINES N-Q (ENTER SCHEDULE Z LINE 2B, IF APPLICABLE).....	\$	_____
G. SICK PAY NOT INCLUDED IN LINE 1 ABOVE.....	\$	_____			
H. GUARANTEED PAYMENTS OR ACCRUALS TO A PARTNER, FORMER PARTNER OR MEMBERS.....	\$	_____			
I. 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.....	\$	_____			
J. OTHER EXPENSES NOT DEDUCTIBLE (EXPLAIN).....	\$	_____			
K. COMBINE LINES A-J (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 K).....	ADD \$ _____
B. ITEMS NOT TAXABLE (SCHEDULE X, LINE R).....	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 (FROM WORKSHEET A) (CANNOT BE MORE THAN LINE 4).....	\$ _____
6 TAXABLE BUSINESS INCOME (LOSS) (ENTER ON PAGE 1 LINE 2A).....	\$ _____