

MAIL TO: VILLAGE OF HARTVILLE MANDATORY FILING
P.O. BOX 780 ON OR BEFORE APRIL 15, 2020
HARTVILLE, OHIO 44632-0760

TAX YEAR 2019 DUE DATE APRIL 15, 2020
 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 1/1/18 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 (ATTACH W-2 FORMS) \$ _____
 2 OTHER TAXABLE INCOME:
 A. BUSINESS PROFIT/LOSS (ATTACH FEDERAL FORMS) PAGE 2 SECTION A OR SCHEDULE 2 \$ _____
 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 1.1% OF LINE 3 \$ _____
 5 CREDITS:
 A. HARTVILLE INCOME TAX WITHHELD (ATTACH W-2s) \$ _____
 B. INCOME TAX PAID OTHER MUNICIPALITIES FROM JANUARY 1, 2019-JULY 31, 2019 \$ _____
 (USE WORKSHEET A OR B, PAGE 3)
 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.
 NO TAXES OR REFUNDS OF \$10.00 OR LESS SHALL BE COLLECTED OR REFUNDED.

DECLARATION OF ESTIMATED TAX FOR YEAR 2020

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 HEREIN 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 PREPARING, 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. OTHER (EXPLAIN)	\$
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 NET PROFIT OF A PASS-THROUGH ENTITY OWNED DIRECTLY OR INDIRECTLY AND INCLUDED IN TAXPAYER'S TAXABLE INCOME	\$
E. PAYMENTS TO PARTNERS	\$	R. COMBINE LINES N-Q (ENTER SCHEDULE Z LINE 2B, IF APPLICABLE)	\$
F. FEDERALLY DEDUCTED DIVIDENDS, DISTRIBUTIONS, OR AMOUNTS SET ASIDE FOR CREDIT TO, OR DISTRIBUTED TO REIT OR RIC INVESTORS	\$		
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)	\$

WORKSHEET A-SIMPLIFIED METHOD OF CALCULATION OF INCOME TAX PAID TO OTHER MUNICIPALITIES-USE THIS SCHEDULE TO CALCULATE 7/12 OF THE ANNUAL PROFIT, INCOME, AND/OR WAGES (PAGE 1 OF THE TAX RETURN):

STEP 1-Enter total wages, salaries, & other compensation from all W-2s combined in Column C. Multiply Column C by 7/12. Enter in Column (D). Column E-Enter total taxes paid to other municipalities on the amount in Column (D), not to exceed 1% for each W-2.

STEP 2-STEP 3-Enter rental income in Column (A). Add Step 2 & Step 3 Column (A). Enter total in Column (B), but not less than zero. Multiply the amount in Column (B) by 7/12. Enter the result in Column (D). Column E-Enter total taxes paid to other municipalities on the amount in Column (D), not to exceed 1%

STEP 4-Column (E)-Enter the total of Steps 1-3 Column E. Carry the total to Page 1, Line 5B

WORKSHEET A-SIMPLIFIED METHOD-CALCULATION OF INCOME TAX PAID TO OTHER MUNICIPALITIES					
	(A)	(B)	(C)	(D)	(E)
	NET PROFIT/ DISTRIBUTIONS FROM 1120, K-1, SCH E, ETC	TOTAL BUSINESS INCOME - ADD STEP 2 & STEP 3 COLUMN (A)	TOTAL WAGES, SALARIES, & OTHER COMPENSATION FROM W-2	TIMES 7/12 (.058333)	TAXES PAID TO OTHER MUNICIPALITIES ON AMOUNT IN COLUMN (D) NOT TO EXCEED 1% OF COLUMN D
STEP 1	WAGES, SALARIES, TIPS & OTHER COMPENSATION				
STEP 2	BUSINESS PROFIT				
STEP 3	RENTAL INCOME				
STEP 4	TOTAL TAXES PAID TO OTHER MUNICIAPLITIES (ENTER ON PAGE 1 LINE 5B)				

WORKSHEET B (BELOW)-MONTHLY INCOME METHOD-USE THIS WORKSHEET IF PROFIT, INCOME AND/OR WAGES FLUCTUATE THROUGHOUT THE YEAR: IF THE WORKSHEET IS USED-IT MUST BE FILED WITH THE TAX RETURN.

COLUMN (A)-List each City where work was performed or business located by each type of income (i.e. wages, business income, rental income) for January 1, 2019-July 31, 2019

COLUMN (B) -Taxable Income by type for January 1, 2019-July 31, 2019

ATTACH SUPPORTING DOCUMENTATION FOR TAXABLE INCOME (JULY PAYSTUBS, JULY P&L, ETC).

COLUMN (C)-List each City's tax rate.

COLUMN (D)-The amount of taxes paid January 1, 2019-July 31, 2019 to each City listed. Should match supporting documentation above.

COLUMN (E)-The portion of Column (D) that is an allowable credit for Income Taxes paid to other Municipalities. **NOT TO EXCEED 1% OF COLUMN (B).**

WORKSHEET B FOR INDIVIDUALS AND NET PROFITS-BUSINESSES				
(A)	(B)	(C)	(D)	(E)
List All Cities Where Work Was Performed or Business Located January 1, 2019-July 31, 2019	Individual, Business, or Rental Income January 1, 2019-July 31, 2019	City's Tax Rate	Tax Paid January 1, 2019-July 2019	Allowable Credit-Income Tax Paid Other Municipalities January 1, 2019-July 31, 2019 NOT TO EXCEED COLUMN B
Total Income Tax Paid Other Municipalities to Page 1 Line 5B				
Attach supporting documentation for Individual, Business, or Rental income January 1, 2019-July 31, 2019				
If more space is needed, add another page.				

NOTE: THE 2-YEAR LOSS CARRY FORWARD SCHEDULE(S) MUST BE COMPLETED, OR A SIMILAR SCHEDULE ATTACHED TO THIS RETURN THAT INCLUDES ALL REQUIRED INFORMATION—SEE INSTRUCTIONS.

WORKSHEET A	LOSS CARRY FORWARD CALCULATION BUSINESS INCOME - (TWO YEAR LIMIT)			
(SEE INSTRUCTIONS)	2 YRS PRIOR	1 YR PRIOR	TAX YR OF FILING	TOTAL
Unused Loss Carry forward				
Loss Used THIS YEAR (Enter Total on Schedule Z Line 3)				
Loss Carried Forward to NEXT TAX YEAR				

Method of Accounting and Allocation Used to Determine the Portion of Net Operatin Loss Allocable to Hartville:

Cash Accrual Other (Explain) _____

WORKSHEET B	LOSS CARRY FORWARD CALCULATION RENTAL INCOME - (TWO YEAR LIMIT)			
(SEE INSTRUCTIONS)	2 YRS PRIOR	1 YR PRIOR	TAX YR OF FILING	TOTAL
Unused Loss Carry forward				
Loss Used THIS YEAR (Enter Total on Section B Line 2)				
Loss Carried Forward to NEXT TAX YEAR				

Method of Accounting and Allocation Used to Determine the Portion of Net Operatin Loss Allocable to Hartville:

Cash Accrual Other (Explain) _____