

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

MANDATORY FILING

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 _____

Tax Year 2014 Due Date April 15, 2015
 Fiscal Period from _____ through _____
 NAME AND ADDRESS _____

Indicate here if you are: Retired and have no taxable income Unemployed for the entire year Other _____
 Under 18 (attach proof of age)

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 (Attach Fed. 2106 Form and Fed Schedule A)	\$ _____
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% 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 \$ _____ SEE INSTRUCTIONS.	\$ _____
9	TOTAL AMOUNT DUE PAYABLE TO VILLAGE OF HARTVILLE (LINE 7 PLUS 8A AND 8B)	\$ _____
10	OVERPAYMENT TO BE REFUNDED \$ _____ OR CREDITED \$ _____ TO NEXT YEAR ESTIMATE	

NOTE: No refund will be made unless next Declaration is filed.
 No taxes or refunds of less than \$1.00 shall be collected or refunded.

DECLARATION OF ESTIMATED TAX FOR YEAR 20 _____	
1	Total 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 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) \$ _____

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 (SEE INSTRUCTIONS)	LOSS CARRY FORWARD CALCULATION BUSINESS INCOME - (TWO YEAR LIMIT)				WORKSHEET B (SEE INSTRUCTIONS)	LOSS CARRY FORWARD CALCULATION RENTAL INCOME - (TWO YEAR LIMIT)			
	2 YRS PRIOR	1 YR PRIOR	TAX YR OF FILING	TOTAL		2 YRS PRIOR	1 YR PRIOR	TAX YR OF FILING	TOTAL
Unused Loss Carry forward					Unused Loss Carry forward				
Loss Used THIS YEAR (Enter Total on Schedule Z Line 5)					YEAR (Enter Total on Section B Line 2)				
Loss Carried Forward to NEXT TAX YEAR					Forward to NEXT TAX YEAR				

CHECK THE FOLLOWING BOX IF YOU WISH TO ALLOW US TO DISCUSS YOUR VILLAGE OF HARTVILLE TAX RETURN WITH YOUR PREPARER.

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. IF PREPARED BY A PERSON OTHER THAN TAXPAYER, THE DECLARATION IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE.

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--Total 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 USED FROM WORKSHEET B (Cannot be more than Line 1)		\$ _____
3 TAXABLE RENTAL INCOME (LOSS) (Enter on Page 1 Line 2B)		\$ _____
Attach copy of federal schedules. The first \$65.00 per month of net rental income from the rental of real estate is exempt from income tax.		

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. Expenses incurred in the production of non-taxable income (at least 5% of Line Z)	\$ _____	o Interest Income (Individuals Only)	\$ _____
c. Taxes paid to state and local municipalities	\$ _____	p. Dividends	\$ _____
d. Net operating loss deduction per Federal Return	\$ _____	q. Other (Explain)	\$ _____
e. Payments to partners	\$ _____		
f. Sick pay not included in Line 1 above	\$ _____	z. Enter Schedule Z Line 2B	\$ _____
g. Contributions	\$ _____		
h. Other expenses not deductible (Explain)	\$ _____		
m. (Enter Schedule Z Line 2A)	\$ _____		

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 VALUE OF REAL & TANG. PERSONAL PROPERTY	_____	_____	
STEP 2 GROSS RECEIPTS FROM SALES MADE AND/OR WORK OR SERVICES PERFORMED (SEE INSTRUCTIONS)	_____	_____	_____ %
STEP 3 WAGES, SALARIES, AND OTHER COMPENSATION PAID EMPLOYEES	_____	_____	_____ %
STEP 4 TOTAL PERCENTAGES			_____ %
STEP 5 AVERAGE PERCENTAGE (Divide Total Percentages by Number of Percentages Used)			_____ %
			ENTER SCHEDULE Z LINE 3B _____ %

SCHEDULE Z		
1 BUSINESS INCOME		\$ _____
2 A. ITEMS NOT DEDUCTIBLE (Schedule X, Line m)	ADD \$ _____	
B. ITEMS NOT TAXABLE ((Schedule X, Line z)	DEDUCT \$ _____	
C. ENTER EXCESS LINE 2A MINUS 2B		\$ _____
3 A. ADJUST NET INCOME (Line 1 Plus/Minus Line 2C) IF SCHEDULE X IS USED		\$ _____
B. AMOUNT ALLOCABLE TO HARTVILLE IF SCHEDULE Y STEP 5 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)		\$ _____