

VILLAGE OF SOUTH AMHERST
 Income Tax Department
 103 West Main Street
 South Amherst, Ohio 44001
 Phone: 440-988-2877 Fax 440-988-3535

DUE DATE - APRIL 15TH
 Extensions must be received in our tax office by April 15th.
 Failure to file this return or extension by April 15th
 will result in a penalty of \$25.00.

TAX OFFICE USE ONLY
 Total _____
 Paid with return _____
 Balance Due _____

TAX YEAR: _____
 Fiscal Period _____ to _____

IF NAME OR ADDRESS IS INCORRECT PLEASE MAKE NECESSARY CHANGES

Your Social Security No. or Federal ID _____ Spouse's Social Security No. _____

Phone number _____

If you rent, name and address of landlord _____

If you moved during the year, please complete this block:

Moved in: _____ Moved out: _____
 Prior Address: _____

Present Address: _____

Exemption Certificate:
 I am not required to pay Village of South Amherst Income Tax for the following reason:

- UNDER 18 the entire year - Date of Birth: _____ Documentation of age required
- NO earned income for the entire year of _____ (Public assistance, SSI, Unemployment, etc.)
- RETIRED I receive only pension, Social Security and/or interest income. Date of Retirement: _____
- ACTIVE member of the US Armed Forces for the entire year of _____ (Does not include civilians employed by the military of National Guard)
- OTHER (explain) _____

CHECK APPROPRIATE BOX AND SIGN BELOW

W2 COPIES MUST BE ATTACHED	COLUMN 1 CITY WHERE EMPLOYED	COLUMN 2 GROSS WAGES (Highest wage on W2)	COLUMN 3 2106 EXPENSES	COLUMN 4 SOUTH AMHERST TAX WITHHELD	COLUMN 5 OTHER CITY TAX WITHHELD LIMIT .5% X COL 2 MINUS COL 3 WAGES

1	Total W2 wages from Column 2.....	1.	
2	2106 Expenses from Column 3.....	2.	
3	TAXABLE WAGES SUBTRACT LINE 2 FROM LINE 1.....	3.	
4	Other income, From Schedule C, E or H on reverse.....	4.	
5	TOTAL SOUTH AMHERST INCOME. ADD LINE 3 AND 4.....	5.	
6	SOUTH AMHERST INCOME TAX. MULTIPLY LINE 5 BY 1% (.01).....	6.	
7	South Amherst income tax withheld from column 4.....	7.	
8	Prior year credits 8a <input type="text"/> Estimated Payments 8b <input type="text"/> Total 8c.		
9	Credit for taxes withheld to other cities from column 5.....	9.	
10	Credit for taxes paid to other cities (limit 5%) See instructions.....	10.	
11	TOTAL PAYMENTS AND CREDITS (Add lines 7 through 10).....	11.	
12	BALANCE DUE (If line 6 is more than line 11, enter balance due here).....	12.	
13	Late filing penalty. \$25 if applicable.....	13.	
14	Interest 1% per month if applicable.....	14.	
15	TOTAL DUE add lines 12 - 14. Carry to line 22 below (No tax due if less than \$1).....	15.	
16	OVERPAYMENT (If line 6 is less than line 11, enter overpayment here).....	16.	
17	Amount to be REFUNDED 17a <input type="text"/> or CREDITED TO NEXT YEAR 17b <input type="text"/>		

DECLARATION OF ESTIMATED TAX - MANDATORY

18	Total estimated village income tax declared.....	18.	
19	Tax due before credits - must be at least 25% of line 18.....	19.	
20	Less credits. Enter line 17b from above.....	20.	
21	Net estimated tax due. subtract line 20 from line 19.....	21.	
22	Enter balance due from line 15 above (No tax due is less than \$1).....	22.	
23	TOTAL TAX DUE. ADD LINES 21 & 22. MAKE CHECKS PAYABLE TO THE VILLAGE OF SOUTH AMHERST.....	23.	

If this return was prepared by a tax practitioner, check here is we may NOT contact them directly with questions regarding the preparation of this return.

The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period and that the figures used herein are the same as used for federal income tax purposes.

Signature of Tax Preparer, if other than taxpayer _____ Date _____
 Signature of Taxpayer _____ Date _____
 Name & address of preparer _____ Telephone number _____
 Signature of Spouse (if joint return) _____ Telephone number _____

**SCHEDULE C
PROFIT OR LOSS FROM BUSINESS OR PROFESSION**
Attach Federal Schedules. (If taxes paid to other cities, attach other cities' returns.)

Business Name	Business Address	
1. Net Profit or Loss		\$
2. Add Items not Deductible (Schedule X Line 5)		
3. Deduct Items not Taxable (Schedule X Line 10)		()
4. Adjusted Net Profit or Loss		\$
5. Schedule Y _____ % allocable to South Amherst from Schedule Y Step 5		
6. Less allocable net loss carry-forward 5 year limit (See Instructions) Attach NOL Schedule		
7. Net Profit or Loss (NET PROFIT ONLY, enter on Line 4, page 1)		\$

**SCHEDULE E
INCOME FROM RENTS**
Attach copy of Federal Schedules.

Full Address of property, City & State	Current year Net Profit/Loss
Total Profit/Loss	\$

Less NOL \$ _____ Net Profit/Loss \$ _____*
5 yr. Limit, Attach Schedule *Carry net profit to Line 4, pg. 1

**SCHEDULE H
ALL OTHER TAXABLE INCOME**

Individual's distributive share of Income from partnerships, estates, trusts, director's and other fees, farm and other sources.

Received From	For (DESCRIBE)	Amount
		\$

TOTAL INCOME - Enter Line 4, page 1 \$ _____

SCHEDULE X - Reconciliation With Federal Income Tax Return (For Corporations Only)

Items Not Deductible	Add	Items Not Taxable	Deduct
1. Withdrawals by Owner(s)		6. Interest Income	
2. Income Taxes Paid or Accrued (Local, State, Federal)		7. Dividends	
3. Net Operating Loss Deduction Per Federal Return		8. Capital Gains (Excluding Ordinary Gains)	
4. Capital Loss (Excluding Ordinary Losses)		9. Other (Explain)	
5. TOTAL ADDITIONS (Enter Here and on Line 2 Schedule C)		10. TOTAL DEDUCTIONS (Enter Here and on Line 3 Schedule C)	

SCHEDULE Y - Business Allocation Formula

USE WHOLE DOLLARS ONLY!	A. Located Everywhere	B. Located in South Amherst	% B Divided by A
STEP 1. a) Average Value of Real & Tangible Personal Property			
b) Gross Annual Rental Receipts Multiplied by 8			
c) Total of Step 1			
STEP 2. Net Sales			
STEP 3. Wages, Salaries Paid			
STEP 4. Total Percentages			
STEP 5. AVERAGE PERCENT (Divide Total Percent by Number of Percentages Used) Enter Here and on Line 5 Schedule C.			

SCHEDULE Z Partner's Distributive Shares of Net Income (From Federal Schedule 1065K and 1099)

1. NAME AND ADDRESS OF EACH PARTNER	2. Resident		3. Distributive Shares of Partners		4. Other Payments	5. Taxable Percentage	6. Amount Taxable
	Yes	No	Percent	Amount			
(a)			%	\$	\$	%	\$
(b)			%	\$	\$	%	\$
(c)			%	\$	\$	%	\$
(d)			%	\$	\$	%	\$
7. TOTALS			100%	\$	\$		\$