

VILLAGE OF OTTAWA HILLS INCOME TAX RETURN 2016
 OR FOR THE _____ MONTHS ENDING _____
 FOR ALL TAXPAYERS SUBJECT TO OTTAWA HILLS INCOME TAX
 DUE ON OR BEFORE APRIL 15 OR WITHIN 3 MONTHS AFTER THE CLOSE OF A FISCAL YEAR OR PERIOD

OFFICE USE ONLY OH16TF

C/O _____ LCF _____
 REF _____ USED _____
 NRR _____

ACCOUNT NO.: _____

NAME: _____

ADDRESS: _____

Your Social Security Number _____

Spouse's Social Security Number _____

Ottawa Hills resident? Yes No; resident city _____

Do you own this property? Yes No; Rent? Yes No

Name and Address of Landlord: _____

Assistance in preparing your Ottawa Hills Income Tax Return is available at the Municipal Building or by phone at (419) 536-6502.

All residents of Ottawa Hills **MUST FILE** a return, even if the tax has been withheld from his or her pay. If you have no taxable income, please explain and return this form.

THIS IS NOT A FEDERAL RETURN

File this return with Ottawa Hills Income Tax, 2125 Richards Rd., Ottawa Hills, OH 43006-2599

Will you have Village taxable income next year? Yes No
 If no, explain _____

Date of change of address:
 Moved to Ottawa Hills _____

Moved out of Ottawa Hills _____
 Indicate number of days spent outside work city for job

Related travel _____
 (See enclosed Non-Resident Refund Claim Schedule)

ATTACH ALL FEDERAL FORMS AND SCHEDULES

1. **INCOME** Enter **TOTAL** wages, salaries, bonuses, incentive payments, commissions and other compensation (Medicare or Local wages – Box 5 or Box 18 on W-2) Attach all W-2s (1) \$ _____
2. **OTHER INCOME** (see back of this page) Attach Federal Income Schedules & Statements (2) \$ _____
3. **SCHEDULE X ADJUSTMENTS** (see back of this page for Schedule X worksheet) (3) \$ _____
4. **ADJUSTED NET INCOME** (Add Lines 1, 2, & 3) Subtotal (4) \$ _____
5. **SCHEDULE Y** (see back of this page for Schedule Y worksheet) _____% of business income in step 5 (on back) allocable to Ottawa Hills (5) \$ _____
6. **ALLOCABLE LOSS CARRYFORWARD** (see instructions) (6) \$ _____
7. **INCOME SUBJECT TO OTTAWA HILLS TAX** (Line 4 less Line 6) or (Line 5 less Line 6) (7) \$ _____
8. **OTTAWA INCOME TAX** (1.5% of Line 7) (8) \$ _____
9. **CREDITS AND PAYMENTS** Attach all W-2s and / or verification of tax paid
 - a. Tax withheld to Ottawa Hills (9a) \$ _____
 - b. Ottawa Hills Tax Credit (from worksheet back of this page) (9b) \$ _____
 - c. Estimated Payments and Prior Year Overpayments (9c) \$ _____
 - d. Non-Resident Refund Claim Attached, Completed and Assigned (9d) \$ _____
 - e. Total of Lines 9a, 9b, 9c, and 9d (9e) \$ _____
10. **LATE FILING** Interest and Penalty must be included if tax is paid after April 15th Subtotal \$ _____
 - a. Interest @ .42% per month or fraction thereof on unpaid taxes (10a) \$ _____
 - b. Penalty @ 15% on unpaid taxes (10b) \$ _____
 - c. Late Filing Fee @ \$25 per month filed late after 10/15 extension due date (max \$150) (10c) \$ _____
 - d. Total of Line 10a, 10b, and 10c (10d) \$ _____
11. **TOTAL AMOUNT DUE** If Line 8 & Line 10d Exceeds Line 9e **PAYMENT MUST ACCOMPANY THIS RETURN** (11) \$ _____

MAKE CHECK PAYABLE TO: OTTAWA HILLS TAX

Visa, MasterCard, American Express and Discover are accepted: visit www.ottawahills.org Click on Resident Services/Income Tax.

AMOUNTS UNDER \$10.00 WILL NOT BE REFUNDED, BILLED, OR CARRIED FORWARD

12. **OVERPAYMENT** If credits (Line 9e) exceed tax (Line 8) (12) \$ _____
 - a. Amount of Line 12 to be credited to next year (12a) \$ _____
 - b. Amount of Line 12 to be refunded (12b) \$ _____

The undersigned declares that this return is true, correct and complete for this tax year. If an audit of Federal return affects tax liability on this return, the undersigned agrees to file an amended Ottawa Hills return within sixty (60) days.

Signature _____	Phone Number _____	Signature of preparer of return if other than taxpayer _____	Date _____
Signature of taxpayer's spouse if joint return _____	Date _____	Name, address and phone number of firm or employer _____	

If this return was prepared by a tax practitioner, check here if we may contact him/her directly with questions regarding the preparation of this return.

IMPORTANT NOTE: A copy of the Federal return 1040, 1065, 1120, 1120S or other Federal return with copies of Schedule C, E, F, and other pertinent schedules MUST BE ATTACHED PER OHIO REVISED CODE 718.

PROFIT (LOSS) FROM SCHEDULE C \$ _____
INCOME (LOSS) FROM RENTALS SCHEDULE E PAGE 1 \$ _____
INCOME (LOSS) FROM PASS-THROUGH ENTITIES SCHEDULE E PAGE 2 \$ _____
INCOME (LOSS) FROM FARMING AND FARM RENTAL \$ _____
OTHER INCOME FROM FEDERAL 1040 LINE 21, 1099-MISC \$ _____
GAMBLING WINNINGS INCLUDING W-2G \$ _____
OTHER INCOME (CANCELEATION OF DEBT) \$ _____
NET BUSINESS INCOME (LOSS) \$ _____

SCHEDULE X Use this reconciliation with federal income tax return only if the item is included on line 2 on front page.

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
A. Losses: Capital, S-Corp	\$ _____	N. Capital/ordinary gain	\$ _____
B. Interest &/or other expenses incurred in production of non-taxable income (5% Line Z)	\$ _____	O. Interest earned or accrued	\$ _____
C. All income taxes paid or accrued	\$ _____	P. Dividends (less Fed exclusion)	\$ _____
D. Net operating loss deduction per Fed return	\$ _____	Q. Income from patents, copyrights, S-Corps	\$ _____
E. Guaranteed payments (from Fed 1065)	\$ _____	R. Deductible employee bus exp (reduce by 2% AGI – attach Form 2106, Sch A of 1040)	\$ _____
F. Aggregated net loss	\$ _____	S. Other income exempt from Village Tax	
G. Other	\$ _____	Explain _____	\$ _____
M. Total Additions	\$ _____	Z. Total Deductions	\$ _____

NET ADJUSTMENTS (Line M less Line Z) \$ _____ to Line 3 front page

SCHEDULE Y BUSINESS ALLOCATION FORMULA

NON-RESIDENT BUSINESS ONLY	a. LOCATED EVERYWHERE	b. LOCATED IN THE VILLAGE	c. PERCENTAGE (b/a)
STEP 1. Average value real & tangible personal property	_____	_____	
Gross annual rentals paid times 8	_____	_____	
Total Step 1	_____	_____	_____ %
STEP 2. Wages, salaries, etc., paid	_____	_____	_____ %
STEP 3. Gross receipts from sales &/or services	_____	_____	_____ %
STEP 4. Total Percentages		_____ %	
STEP 5. Average Percentage (divide total percentages by number of factors used): Line 5 front page			_____ %

SCHEDULE Z PARTNER'S DISTRIBUTIVE SHARES OF NET INCOME TO BE FILLED OUT BY PARTNERSHIP ENTITY

1. Name, address and Social Security Number of each partner	2. Distributive share of each partner amount
(a) _____	\$ _____
(b) _____	\$ _____
	Total \$ _____

TAX CREDIT WORKSHEET Use this format for each municipality

	(1)	(2)
STEP 1 Name of municipality	_____	_____
STEP 2 Tax withheld or paid (W-2, partnership)	\$ _____	\$ _____
STEP 3 Less refund (NRR, TER, etc.)	\$ (_____)	\$ (_____)
STEP 4 Net tax withheld or paid	\$ _____	\$ _____
STEP 5 Multiply by factor (see Table #1)	X _____	X _____
STEP 6 Ottawa Hills credit (Line 9b)	\$ _____	\$ _____
Total Credit (total Step 6 amounts)	\$ _____	\$ _____

TABLE #1	
Municipal Tax Rate	Factor*
2.25%	.333
2.0%	.375
1.5%	.50
1%	.50

*FACTOR = (Lower tax rate divided by other municipal tax rate) multiplied by 50%
(Ottawa Hills tax credit limited to 50% of the lesser tax rate on the same income taxable to both cities)