

VILLAGE OF STRASBURG, OHIO

Check your status as a taxpayer

- ☐ Individual or Married Couple
☐ Married Filing Separate Return
☐ Retired with No Taxable Income
☐ S Corporation ☐ C Corporation
☐ Other (explain) _____

2018 INCOME TAX RETURN

Due by April 15th, 2019

If Partial Year or Fiscal Period, give dates

_____, 2018 through _____

FILING REQUIRED EVEN IF NO TAX DUE

Social Security No. (taxpayer) _____

Social Security No. (spouse) _____

Federal ID# (Business returns) _____

If You Moved During Year of This Return, Give Date
 Into Strasburg _____ Out of Strasburg _____

Phone # _____

Should your account be deactivated? ☐ No ☐ Yes
 (reason) _____

Date of Birth _____

NAME AND ADDRESS: INDICATE ABOVE CHANGE(S) BY CHECKING ☐ NAME ☐ ADDRESS

INCOME	1(A) ENTER TAXABLE QUALIFYING WAGES			W-2 & 1099's Copies Must Be Attached (on reverse side)
	Print Employer's Name	City Where Employed	W-2 Wages (See Instruction 5)	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	1(B) LESS: Wages earned while non-resident (part-year residents only) [_____]			
	1. TOTAL: 1 \$ _____			
	2(A) Profit from Income other than Wages (from Page 2, Line 21) ATTACH FEDERAL SCHEDULES 2A \$ _____			
	2(B) Less net loss per previous year Strasburg Tax Return (may not exceed amount on line 2A) 2B \$ _____			
	3. Total Taxable Income (Line 1 plus Line 2A minus Line 2B) 3 \$ _____			
TAX	4. TAX - Multiply Taxable Income by 1.5% 4 \$ _____			
TAX WITHHELD, PAYMENTS & CREDITS	5. Credits: (A) Strasburg Tax Withheld By Employer 5A \$ _____			
	(B) Credit Allowed for earnings taxed by other cities (Limited to 1%, See Instruction 7) Cannot exceed 1.0% per city/per W-2 5B \$ _____			
	(C) Payments made on Declaration of Estimated Tax 5C \$ _____			
	(D) Prior Year Overpayment That Was Not Refunded 5D \$ _____			
	(E) TOTAL PAYMENTS AND CREDITS (5A+5B+5C+5D) 5E \$ [_____]			
			Printed amount may not reflect fourth quarter	
BALANCE DUE, REFUND OR CREDIT	6. BALANCE DUE OR OVERPAYMENT (Line 4 minus Line 5E) 6 \$ _____			
	7. If paying or filing after due date, (see Instruction 12) add Penalty _____; Interest _____; Late Fee _____ .. 7 \$ _____			
	8. Total Amount Due or Overpaid (Line 6 + Line 7) (If positive, carry to Line 15 below) 8 \$ _____			
	9. Overpayment (If Line 8 is negative) (Indicate amount to be refunded or credited) 9 \$ _____			
	AMOUNT TO BE REFUNDED \$ _____, OR CREDITED \$ _____ TO NEXT YEAR'S ESTIMATE			

**DECLARATION OF ESTIMATED TAX FOR YEAR 2019.
 REQUIRED BY LAW ON ALL INCOME FROM WHICH STRASBURG TAX IS NOT WITHHELD.**

MANDATORY ESTIMATE FOR NEXT YEAR	10. Estimated 2019 Income Subject To Strasburg Tax 10 \$ _____	
	11. Estimated Tax Due: 1.5% Times Line 10 11 \$ _____	
	12. Credits: (a) Strasburg Tax to be Withheld 12A \$ _____	
	(b) Total Credits 12B \$ _____	
	13. Estimated Tax Due (Line 11 less Line 12b) 13 \$ _____	
	(a) Prior Year Overpayment Not Refunded (See Line 9 above) 13A \$ _____	
	14. Amount Paid with this Declaration (Not Less Than 22½% of Line 13, Less Line 13A) 14 \$ _____	
TAX DUE	15. Enter Balance Due from Line 8 above 15 \$ _____	
	16. TOTAL TAX DUE (Add Lines 14 and 15) 16 \$ _____	

I CERTIFY THAT I HAVE EXAMINED THIS RETURN, INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

☐ 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.

Signature of Person Preparing if Other Than Taxpayer _____ Date _____ Signature of Taxpayer _____ Date _____

Address or Name & Address of Preparer if Other Than Taxpayer _____ Phone _____ Signature of Spouse (if joint return) _____ Date _____

**MAKE CHECK PAYABLE TO "VILLAGE OF STRASBURG - INCOME TAX" • SEND TO VILLAGE OF STRASBURG, 1040 PAYMENTS, P.O. BOX 527, EATON RAPIDS, MI 48827.
 Phone (330) 878-7213**

THIS SECTION TO BE COMPLETED ONLY BY THOSE WITH PROFIT OR LOSS FROM INCOME OTHER THAN WAGES

17. Profit or Loss from any Business Owned 17 \$ _____
18. Rental Income (Attach Federal Schedule E Part I) &/or Farm Income (Attach Federal Schedule F) 18 \$ _____
19. Pass-through income (Attach Federal Schedule E, Parts II to V) (See Instruction 5.W.) 19 \$ _____
20. Other Income (Attach F1040 Pg 1) (1099-MISC, Form 4797 Ordinary Income, gambling winnings) 20 \$ _____
21. Total Other Taxable Income (Add Lines 17 to 20). If positive, enter on line 2A, page 1. If negative, enter zero..... 21 \$ _____

Attach any Adjusting Schedules or Worksheets including Pages 1 and 2 of Sch C & F; Pages 1 to 4 of 1120, 1120S, 1065, 1041

22. Previously unused annual net losses allocated to Strasburg available to reduce the current year profit
(attach a detailed schedule) enter on line 2B, page 1.22 \$ _____

SCHEDULE X. RECONCILIATION WITH FEDERAL INCOME TAX RETURN

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
A. Capital Losses (Excluding ordinary Losses)	\$ _____	J. Capital Gains (Excluding Ordinary Gains).....	\$ _____
B. Expenses incurred in the production of non-taxable income (at least 5% of Line Z)	\$ _____	K. Interest income	\$ _____
C. Taxes paid to state and local municipalities	\$ _____	L. Dividends	\$ _____
D. Loss carried forward per Federal Return	\$ _____	M. Other (explain)	\$ _____
E. Payments to Partners.....	\$ _____		
F. Sick pay not included in Line 1 above	\$ _____		
G. Contributions	\$ _____		
H. Other expenses not deductible (Explain)	\$ _____		
I. (Enter Schedule Z line 2A)	\$ _____	N. Enter Schedule Z Line 2B	\$ _____

SCHEDULE Y BUSINESS ALLOCATION FORMULA

USE ONLY IF NET PROFIT FROM STRASBURG BRANCH IS NOT AVAILABLE

	a. LOCATED EVERYWHERE	b. LOCATED IN STRASBURG	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	_____	_____	_____ %
4. Total Percentages			_____ %
5. AVERAGE PERCENTAGE (Divide Total percentages by Number of Percentages Used).	ENTER SCHEDULE Z LINE 3B _____ %		

SCHEDULE Z NON-RESIDENT INDIVIDUALS

1. BUSINESS INCOME..... \$ _____
2. A. ITEMS NOT DEDUCTIBLE – (Schedule X, Line I)Add \$ _____
- B. ITEMS NOT TAXABLE (Schedule X, Line N)Deduct \$ _____
- C. ENTER EXCESS LINE 2A OR 2B \$ _____
3. A. ADJUST NET INCOME (Line 1 Plus/Minus Line 2C) IF SCHEDULE X IS USED \$ _____
- B. AMOUNT ALLOCABLE TO STRASBURG IF SCHEDULE IF SCHEDULE Y STEP 5 IS USED _____ % OF LINE 3A \$ _____
4. TAXABLE BUSINESS INCOME: LINE 3A or LINE 3B (Enter On Page 1 Line 2A)..... \$ _____