

File with the Chillicothe City Income Tax Dept.
35 S. Paint Street • P.O. Box 457
Chillicothe, Ohio 45601-0457
Telephone: (740) 773-1161 • Fax: (740) 773-4535
Website: Chillicothe.com

**Make Checks and Money Orders Payable to
Chillicothe Income Tax
Credit Cards Accepted**

CHILLICOTHE INCOME TAX RETURN

Filing required even if no tax due.

**YEAR
or**

Fiscal Period _____ to _____
FILE ON OR BEFORE APRIL 15 (OR THE FEDERAL DUE DATE)
FISCAL and PARTIAL YEARS FILE
WITHIN 105 DAYS of end of period

Are you fully retired? ☐ YES ☐ NO

Did you file a return last year? ☐ YES ☐ NO

PARTIAL YEAR RESIDENT:

Date moved in: ____/____/____

Date moved out: ____/____/____

For partial wages, proof needed

Do you own rental property? ☐ YES ☐ NO

☐ RESIDENT ☐ NON-RESIDENT

If you rent, give name and address of landlord:

NAME _____

ADDRESS _____

TAX OFFICE USE ONLY

INT _____

DATE _____

Check _____

Cash _____

Refund requested _____

Soc. Sec. No.

____/____/____

Soc. Sec. No.

____/____/____

Fed. I.D. No.

____/____/____

PLEASE MAKE NECESSARY CORRECTIONS TO NAME/ADDRESS

1. Gross Wages (use highest figure on all W-2s), Salaries, 1099 misc., and other compensation (Attach all W-2s)	\$
2. Other income. Attach Schedule(s) C, E and/or F. (Sections A, B Page 2) Operating loss cannot offset wages	
3. Total Income	
4a. Items not deductible from Line H Schedule (Section C)	Add
b. Items not taxable from Line N Schedule X	Deduct
c. Difference between Lines 4a and 4b to be added to or subtracted from Line 3	
5a. Adjusted Net Income (Line 3 plus or minus 4c)	
b. Amount allocable to Chillicothe if Schedule Y is used _____ % of Line 5A)	
6. Amount subject to Chillicothe Income Tax (Line 1, 3, 5a, or 5b)	
7. Chillicothe Income Tax 2.0%	\$
8. Credits (A) Tax withheld for the City of Chillicothe	\$
(B) Payments on Current Declaration (or Credit)	\$
(C) Income Taxes paid to the City of _____ (Tax credit cannot exceed 1.0% of gross earnings in other city.)	\$
(X) Total Credit Allowable	\$
9a. Balance of Tax Due (Line 7 Less Line 8X)	\$
b. PENALTY \$25.00 Late Filing Fee plus penalty and interest if paid after April 15th (See #7 of instructions)	\$
10. Amount payable to City of Chillicothe Income Tax (payment must accompany this form)	\$
11. Overpayment claimed _____ refund <input type="checkbox"/> credit to next year Declaration <input type="checkbox"/>	

PAY THIS AMOUNT ↑

DECLARATION OF ESTIMATED TAX FOR CALENDAR YEAR _____ or FISCAL PERIOD _____ to _____

Computations of Estimate Tax

1. Estimated Taxable Income for Year	(1) \$
2. Estimated Tax Due: 2.0% of Line 1	(2) \$
3. Credits:	
A. Less Chillicothe Tax to be Withheld	
B. Less Taxes Paid to another city not to exceed 1% of line 2 (examples on instructions)	
C. Less overpayments claimed on previous year's return	
D. Total Credits	(3) \$
4. Balance of Estimated Chillicothe Tax Due (Line 2 less Line 3)	(4) \$
5. Quarterly Tax Payable Now (Line 4 times 25%)	(5) \$

**Third
Party**

Do you want to allow another person to discuss this matter with the City of Chillicothe? (see instructions) ☐ YES Complete the following ☐ NO

Designee

Designee's Name

Phone No. ()

SSN

The undersigned declares that this return (and accompanying schedules) is a true, correct, and complete return for the taxable period stated, and that the figures used are the same as used for Federal income tax purposes and understands that this information may be released to the tax administration of the city of residence and the I.R.S.

**Sign
Here**

Your Signature ►

Date

If joint return
spouse must sign

Spouse's Signature ►

Date

**Paid
Preparers
Use Only**

Signature ►

Date

SSN/FIN

Phone No. ()

SECTION A

SCHEDULE C - PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION (complete only if schedule not filed with federal government)

1. TOTAL RECEIPTS, LESS ALL ALLOWANCES, REBATES, AND RETURNS \$ _____ otherwise attach Federal Schedule C.
2. LESS Cost of Labor \$ _____ Material, supplies, and other costs \$ _____
3. GROSS PROFIT FROM SALES, ETC. (Line 1 less Line 2) _____
4. OTHER BUSINESS INCOME (Specify) _____
5. TOTAL BUSINESS INCOME BEFORE DEDUCTIONS (Add lines 3 & 4). \$ _____

BUSINESS DEDUCTIONS

6. TOTAL BUSINESS DEDUCTIONS (attach supporting breakdown) 6. _____
7. SALARIES AND WAGES 7. _____
8. DEPRECIATION, AMORTIZATION, RENTS 8. _____
9. TOTAL BUSINESS DEDUCTIONS (Total of Lines 6 to 8) 9. _____
10. NET PROFIT (or Loss) from Business or Profession (Line 5 Minus Line 9) 10. _____

Net operating losses for 2017 and thereafter

SECTION B

Year (yyyy)						
Loss	\$	\$	\$	\$	\$	\$
Amount Used	\$	\$	\$	\$	\$	\$
Remaining Available NOL	\$	\$	\$	\$	\$	\$

SCHEDULE E - INCOME FROM RENTS (if not included in Schedule C)

Kind and location of property	Amount of Rent	Depreciation	Repairs	Other Expenses	Net Income (or loss)

NET INCOME (or loss) SCHEDULE E \$ _____

SCHEDULE H - OTHER INCOME NOT INCLUDED IN SCHEDULES C or E

INCOME FROM PARTNERSHIPS, ESTATES, and TRUSTS, FEES, TIPS, ETC.

Received From	For (describe)	Amount

TOTAL INCOME SCHEDULE H \$ _____

TOTAL SCHEDULES C, E, and H. ENTER AS LINE 2

\$ _____

SECTION C

SCHEDULE X - BUSINESS RECONCILIATION WITH FEDERAL INCOME TAX RETURN

ITEMS NOT DEDUCTIBLE

ADD

ITEMS NOT TAXABLE

DEDUCT

- A. Capital Losses (from Federal Return) \$ _____
- B. Income Taxes _____
- C. Expenses Applicable to Non-Taxable Income. _____
- D. Net Operating Loss Deduction Per Federal Return _____
- E. Payments to Partners _____
- F. Sick Pay Not Included in Line 1, Page 1 _____
- G. Other. _____
- H. Total Additions (enter as Line 4a, Page 1) _____
- I. Capital Gains \$ _____
- J. Interest Income _____
- K. Dividends (less Federal exclusion) _____
- L. Income from Royalties, Patents, and Copyrights _____
- M. Other Income exempt from Chillicothe Income Tax (explain) _____
- N. Total Deductions (enter as Line 4b, Page 1) \$ _____

SCHEDULE Y - BUSINESS ALLOCATION FORMULA

- STEP 1. Average Value of Real and Tangible Personal Property _____
- Gross Amount Rentals Paid multiplied by 8. _____
- TOTAL STEP 1 _____ %
- STEP 2. Gross Receipts from Sales made and/or Work Services performed. _____ %
- STEP 3. Wages, Salaries, Etc. Paid _____ %
- STEP 4. Total Percentages _____ %
- STEP 5. Average Percentage (divide Total Percentages by number of Percentages used - Carry to Line 5b) % _____