File With INCOME TAX DEPARTMENT

Village of Jefferson 27 E. Jefferson St. Jefferson, OH 44047 440-576-3947

2022 JEFFERSON INCOME TAX RETURN

Filing Required Even If No Tax Is Due

Fiscal Period

 FISCAL AND PARTIAL YEARS FILE WITHIN 105 DAYS OF end of period FEDERAL EXTENSION NOTICES ARE NOT REQUIRED BUT APPRECIATE

1	(TAX OF	FICE USE ONLY)
	AUDIT	AUDIT
	PF	
ED	D	
DE	P & I Check Cash Refund reque	et.
NC PA	ON-RESIDENT ART YEAR RES	BIDENT -
RE RE CI Cr ar	D YOU APPLY ECEIVE A LOCAL FUND FROM A ITY DURING T Yes redit not permi mount refunden ployment.	TAX NOTHER HIS YEAR? No
\$		
\$		
\$ \$		
\$		
\$ \$ \$ \$		
\$		

Make Checks a	and Money Orders Payable			
to Vii	P&I			
		Loca	ıl Tax ID Number	Check
				Cneck
NAME (OD DI	IONICO MANE)		Des One No (Towns	Cash
NAME (OR BU	JSINESS NAME)	5	Soc. Sec. No. (Taxpayer)	Refund requested
				RESIDENT
SPOUSE NAME (IF JOINT FILER) Soc. Sec. No.				NON-RESIDENT
	` ' '	PART YEAR RESIDENT		
	PART YEAR RESIDENT			
ADDRESS	ed. I.D. No.	MOVED INTO JEFFERSON ON:		
0171/07475	OR MOVED OUT JEFFERSON ON:			
CITY, STATE,				
	TAXPAYERS WITH NO TAXABLE INCOME - CHECK APPROPR	RIATE BO	DX, SEE INSTRUCTIONS	DID YOU APPLY FOR OR
Taxpayer Spo				RECEIVE A LOCAL TAX
				REFUND FROM ANOTHER CITY DURING THIS YEAR?
			E REQUIRED FOR REFUND	
		11 01 7.0	E REGUILED FOR REFORD)	
	• •			Credit not permitted for any
				amount refunded by city of employment.
4 Manag Cala	des Ties and other smallers are section (ATTACH CORV OF 404	40 14/0/0	Fadaval Oak adula A	\$
	ries, Tips and other employee compensation (ATTACH COPY OF 104 from Line 22 on reverse side of this form (see instructions) (A loss of			Φ
	es (Total of Lines 1 abd 2. If less than 0, then enter 0)			
	ns not deductible (Line H Schedule X)			
	ns not taxable (Line Q Schedule X)			
c. Diff	erence between Lines 4a, and 4b, to be added to or subtracted from	m Line 3		
5a Adji	usted Net Income (Line 3 plus or minus 4c)			
	ount allocable to Jefferson (If Schedule Y is used% of Li ome from Lottery, sweepstakes, gambling and sports winnings, winnin			
and awards				
7. Amount subje	\$			
	INCOME TAX - Miltiply Line 7 by 1.5% (0.015)			\$
	FFERSON Tax Withheld by employer(s) from Line 19 of W2		\$	
	yments on Current Declaration (or Credit)ome Taxes paid Other City - Limit 1.5% of Gross City Wage for each		\$	
	t City			
٠,	al Credits Allowable			
	Tax Due (Line 8 less Line 9X)ty (\$25.00 per month/\$150.00 maximum) Late Payment Penalty (15% of unpaid b			\$
	\$			
	ay In Full with this return if \$10.00 or more)□ Paid by Credit Card thru			\$
12. Overpaymen	tt Claimed Refund - (No Refunds Under \$10.00) ☐ Credit To Next You DECLARATION OF ESTIMATED TAX FOR Y			\$
This section				<u> </u>
MUST BE	13. Total estimated income subject to tax \$ Multiply by tax 14. Less any CITY TAX to be withheld	(rate U.U	15 (1.5%) for gross tax	\$
COMPLETED	15. Balance of JEFFERSON City Income Tax declared	2		
if estimated	16. Less credits A. Overpayment on previous years return	\$		
tax is \$200.00	B. Previous payment, if this is an amended estimate	\$		
or more	17. Unpaid balance of net tax due			\$
18. QUARTERL	\$			
GRAND TOTAL	\$			
The undersigned d	eclares that this return (and accompanying schedules) is a true, correct e as used for Federal Income Tax purposes.			7
authorize the Inco	ent Date			
		_	Signature of Taxpayer or Age	
Signature of Perso	n Preparing if Other Than Taxpayer Date		Signature of Spouse (If Filing Joir	ntly) Phone
			Email Address	

			SCHE	DULE C - PROFIT (or L	.oss) FROM BU	ISINESS OR P	ROFESSION				
ATTACH C	COMPLETE COP	Y(S) OF:	FEDERAL S	CHEDULES C AND F C	OR FEDERAL R	ETURN 1065 -	1120 - 1120-S				
LISTING OF ALL SUBCONTRACTORS WHO WORKED IN JEFFERSON THROUGHOUT THE YEAR											
19. NET P	ROFIT (OR LOSS	S) FROM E	BUSINESS OF	PROFESSION							
SCHEDULE E - INCOME FROM RENTS (if not included in Schedule C.) (Explain columns 3-4-5)											
ATTACH COPY OF FEDERAL SCHEDULE E											
	COPY OF FEDER	2. Amount		3. Depreciation	4. Repairs		5. Other Expens	ses 6. Ne	t Income (or Loss)		
7.1010 0 20	cason or rioporty	\$	COLLIGIA	\$	\$		\$	\$			
20 TOTAL DENITAL INCOME											
20. TOTAL RENTAL INCOME											
				SCHEDULE	G - ORDINARY	INCOME					
ATTACH (COPY OF FEDER	AL FORM	4797								
	L ORDINARY INC										
			SCHEDU	LE H - OTHER INCOME	NOT INCLUD	ED IN SCHEDU	JLES C, E or G.				
	PAI	RTNERSH	IIPS, ESTATES	, TRUSTS, FEES, ETC	. (Do not include	e interest, divid	ends, insurance an	d social security)			
	RECEIVED FI	ROM		FOR (DESCR	IBE)						
						S		4			
22 TOTAL	I INCOME SCHE	DULEH									
22. TOTAL INCOME SCHEDULE H 23. TOTAL SCHEDULES C,E,G, & H, ENTER ON LINE 2, PAGE 1											
FOR BUSI	INESS ACCOUNT			RECONCILIATION WI	TH FEDERAL I			IRED BY ORC 718			
a Capital I	ITEMS NOT DE Losses (IRS section			ADD	I. Capital		OT TAXABLE e of gains treated a	S	DEDUCT		
a. Capitai i	LUSSES (ING SECIN	JII 1201 <i>)</i>	φ	-	ordinary in	ncome for Fede	ral Income Tax Pur	poses.	-		
b. Interest	and/or Other Expe	ense incurr	red in the		m. Interes	Attach Federal Schedule D)\$ m. Interest earned or accrued					
production	of non-taxable inc	ome				n. Dividends (less Federal exclusion)					
	Taxes					o. Income from Patents and Copyrights					
	cent (5%) of intan			4		p. Other exempt from Jefferson Tax (provide explanation)					
e. Paymen	it to partners										
	rating Loss carried			-					<u>-</u>		
•	ot deductible (prov		•	-	— a Total D	eductions (ente	or on Line 4b)				
h. I otal Ad	lditions (enter on L	.ine 4a)		<u> </u>	q. Total D	eductions (ente	or Line 40)				
SCHEDULE Y - BUSINESS APPORTIONMENT FORMULA a. Located b. Located in c. Percentage Everywhere JEFFERSON (b÷a)											
STEP 1.	Average Orginal	Cost of Re	al & Tangible F	Personal Property							
SILF I.	Gross Amount R		_								
	TOTAL STEP 1							%			
STEP 2.	Gross Receipts F	From Sales	s Made and/or								
	Worked Or Servi	ce Perform	ned				- 1	%			
STEP 3.	TEP 3. WAGES, SALARIES, Etc. Paid				-	-	- (_%			
4.	Total Percentage						,	-	%		
5.	Average Percent	age (Divid	e Total Percent	ages by Number or Per	centages Used-0	Carry to Line 50))	·	70		
SCHEDUL	E Z - PARTNER'	S DISTRIE	BUTIVE SHAR	ES OF NET INCOME		tive Shares	4. Other	5. Taxable	6. Amount		
			of Pa	artners	Payments	Percentages	Taxable				
1. Name of each partner 2. Address		Percent	Amount								
(a)					\$	\$	\$				
(b)						\$	\$	\$			
(c)							\$	\$	\$		
(d)				400		\$	\$	\$			
7. TOTALS from Schedule C above				100	\$		XXXXXXXXXXXXXXX				

7. TOTALS from Schedule C above