

**VILLAGE OF MCCONNELSVILLE
INCOME TAX RETURN
Mandatory Filing for Residents**

Tax Year _____

FILE WITH:
McConnelsville Income Tax Department
9 West Main Street
McConnelsville, OH 43756
Ph. 740-962-3163 - Fax 740-962-6127

Part Year Resident
Dates from _____ to _____

MAKE CHECK OR MONEY ORDER
PAYABLE TO:
**VILLAGE OF
MCCONNELSVILLE**

DUE ON OR BEFORE APRIL 15

Tax Office Use Only

IF NAME OR ADDRESS IS INCORRECT MAKE NECESSARY CHANGES

YOUR SOCIAL SECURITY NO.	_____
SPOUSE'S SOCIAL SECURITY NO.	_____
FEDERAL ID NO.	_____

NOTE: Anyone receiving a pre-printed form is on active status and WILL need to file a return.

CHECK HERE IF YOU ARE NOT REQUIRED TO FILE THIS RETURN(Complete Section E on page 2)

INCOME	1. TOTAL GROSS WAGES, SALARIES, TIPS & OTHER COMPENSATION (Attach W-2's and/or 1099's).....	\$ _____
	2. OTHER TAXABLE INCOME	
	A. Net Profit from Rentals (Complete Section A, page 2).....	\$ _____
	B. Business Profit or Loss(Complete Section B, page 2).....	\$ _____
	C. Total other taxable income.....	\$ _____
	Note: Losses cannot offset wages/W2-income or be used against other net profits	
	3. Total income subject to McConnelsville Income Tax.....	\$ _____
TAX	4. McConnelsville Tax Due - 1% of line 3.....	\$ _____
	5. CREDITS	
	A. McConnelsville Income Tax Withheld by Employers.....	\$ _____
	B. Income Tax Paid to Other Cities(50% of tax paid or 50% of tax due per W2, whichever is less).....	\$ _____
	C. Estimated Tax paid to McConnelsville.....	\$ _____
	D. Prior years overpayments.....	\$ _____
	E. Total Credits (Add lines 5A thru 5D).....	\$ _____
	6. Balance Tax Due (Subtract line 5F from line 4).....	\$ _____
BALANCE	7. Returns Filed After April 15, or Extension not requested are subject to:	
	Penalty (See Section D, page 2).....	\$ _____
	Interest 2% per month past due.....	\$ _____
	Late Filing Fee or penalty for failure to file an extension - \$25.00.....	\$ _____
	8. Amount Due Before Estimated Taxes PAYMENT TO ACCOMPANY RETURN IF \$1 OR MORE	\$ _____
	9. Overpayment to be Refunded _____ Or Credited _____ to Next Years Estimate.	
	(If requesting refund must be \$1 or more, if due to being under the age of 18, proof of birthdate must be submitted with form.)	

DECLARATION OF ESTIMATED TAX FOR YEAR _____ (DUE APRIL 15 WITH FIRST QUARTER PAYMENT)

Voucher 1	Must Be Filed if not withheld by Employer, or Self-Employed	Voucher 1
	1. Income subject to tax _____ Times tax rate of 1% for gross tax of.....	\$ _____
	2. Less Expected Tax Credits:	
DUE APRIL 15	A. Tax withheld by employer.....	\$ _____
	B. Income Tax Paid to Other Cities (50% of tax paid or 50% of tax due, whichever is less).....	\$ _____
NO EXTENSION	C. Overpayment from prior years.....	\$ _____
ALLOWED	D. Total Credits (Add lines 2A, B & C).....	\$ _____
	3. Net Tax Due (line 1 less line 2D).....	\$ _____
	4. Amount due with this declaration (1/4 of line 3).....	\$ _____

Total Amount Due				\$ _____
	Balance Due	First Quarter Payment	Total Due	

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 PREPARED BY PERSON OTHER THAN TAXPAYER, THE DECLARATION IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE.

Preparer (please print) _____ Date _____
Address _____
Phone Number _____

Signature of Taxpayer _____ Date _____
Signature of Spouse (if joint filing) _____ Date _____
Phone Number _____

SECTION A: INCOME FROM RENTS

1. KIND & ADDRESS OF PROPERTY	2. RENT AMOUNT	3. DEPRECIATION	4. REPAIRS	5. OTHER EXPENSES	6. NET INCOME (LOSS)
NET INCOME (OR LOSS).....					\$

SECTION B: NET PROFIT FROM BUSINESS, PROFESSIONS, PARTNERSHIPS, ETC. INCLUDING FARMS

RECEIVED FROM	FOR (DESCRIBE)	AMOUNT
TOTAL INCOME.....		\$

*NOTE: OPERATING LOSSES FROM BUSINESS OR PROFESSIONAL ACTIVITIES, THE PROFITS OF WHICH WOULD BE TAXABLE UNDER THE ORDINANCE, MAY NOT BE OFFSET AGAINST SALARIES, WAGES, COMMISSIONS AND OTHER PERSONAL SERVICES, COMPENSATION OR AGAINST NET PROFITS FROM OTHER BUSINESS OR PROFESSIONAL ACTIVITIES.

ANY NET OPERATING LOSS MAY BE APPLIED AGAINST THE PORTION OF THE PROFIT OF SUCCEEDING YEAR(S) ALLOCABLE TO MCCONNELSVILLE UNTIL EXHAUSTED, BUT IN NO EVENT FOR MORE THAN FIVE (5) TAXABLE YEARS. NO PORTION OF A NET OPERATING LOSS SHALL BE CARRIED BACK AGAINST NET PROFITS OF ANY PRIOR YEAR.

SECTION C: SOURCE OF NON-TAXABLE INCOME

Poor relief, unemployment insurance benefits, supplemental unemployment benefits, old age pensions or similar payments received from local, state, or federal governments, charitable or religious organizations.

What is taxable? All income earned, in whatever form, is taxable for purposes of McConnelville's Income Tax Ordinance unless specifically excluded.

- The following is a complete list of income sources, which have been excluded by the ordinance:
- Proceeds of insurance, annuities, workman's compensation insurance, social security benefits, pensions, compensation for damages for personal injuries and like reimbursement, not excluding damages for loss of profits.
 - Compensation for damage to property by way of insurance or otherwise.
 - Interest and dividends from intangible property.
 - Military pay and allowances received as a member of the Armed Forces of the United States.

SECTION D: PENALTIES

Percentage applies to the amount of unpaid tax. If paid during the first month after said taxes are due, one percent (1%), if paid during the second month after said taxes are due, two percent (2%), if paid during the third month after said taxes are due, three percent (3%), if paid during the next three months (4th, 5th, & 6th) after said taxes are due, five percent (5%), if paid later than six months after said taxes are due, ten percent (10%).

SECTION E: I AM NOT REQUIRED TO COMPLETE THIS FORM BECAUSE:

ACTIVE DUTY MILITARY _____	ONLY INCOME IS FROM NON-TAXABLE SOURCE (LIST SOURCE) _____
NO EMPLOYMENT IN _____	MOVED FROM MCCONNELSVILLE PRIOR TO JAN 1 (LIST DATE) _____
UNDER 18 YEARS OF AGE, NO MCCONNELSVILLE TAX WITHHELD _____	TAXPAYER DECEASED (LIST DATE OF DEATH) _____
NO BUSINESS CONDUCTED IN VILLAGE IN _____	RETIRED PRIOR TO JAN 1 (LIST DATE) _____
OTHER (LIST SPECIFIC REASON) _____	BUSINESS CLOSED PRIOR TO JAN 1 (LIST DATE) _____