

**VILLAGE OF MCCONNELLSVILLE  
INCOME TAX RETURN**

Tax Year 2017

**Mandatory Filing for Residents**

**Part Year Resident**

Dates from \_\_\_\_\_ to \_\_\_\_\_

**DUE ON OR BEFORE APRIL 17, 2018**

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

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

Tax Office Use Only

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

IF NAME OR ADDRESS IS INCORRECT PLEASE MAKE NECESSARY CHANGES

**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)**

<b>INCOME</b>	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	
	Note: Only Residents can offset Net-Profits/Losses	
	3. Total income subject to McConnelssville Income Tax.....	\$ _____
<b>TAX</b>	4. McConnelssville Tax Due - 1% of line 3.....	\$ _____
	5. CREDITS	
	A. McConnelssville 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 McConnelssville.....	\$ _____
	D. Prior years overpayments.....	\$ _____
	E. Total Credits (Add lines 5A thru 5D).....	\$ _____
	6. Balance Tax Due (Subtract line 5E from line 4).....	\$ _____
<b>BALANCE</b>	7. Returns Filed After April 17, or Extension not requested are subject to:	
	A. Penalty (15%)...(See Section D, Page 2).....	\$ _____
	B. Interest 0.5% per month past due (6% per year).....	\$ _____
	C. Late Filing Fee or penalty for failure to file an extension - <b>\$25.00 per month up to \$150.00</b> .....	\$ _____
	8. Amount Due Before Estimated Taxes <b>PAYMENT TO ACCOMPANY RETURN IF \$10 OR MORE</b> .....	\$ _____
	9. Overpayment to be Refunded _____ Or Credited _____ to Next Years Estimate.	
	(If requesting refund must be \$10 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 17 WITH FIRST QUARTER PAYMENT)**

<b>Voucher 1</b>	<b>Must Be Filed if not withheld by Employer, or Self-Employed</b>	<b>Voucher 1</b>
	10. Income subject to tax _____ Times tax rate of 1% for gross tax of.....	\$ _____
	11. Less Expected Tax Credits:	
<b>DUE APRIL 17</b>	A. Tax withheld by employer.....	\$ _____
	B. Income Tax Paid to Other Cities (50% of tax paid or 50% of tax due, whichever is less).....	\$ _____
<b>NO EXTENSION</b>	C. Overpayment from prior years.....	\$ _____
<b>ALLOWED</b>	D. Total Credits (Add lines 11A, B & C).....	\$ _____
	12. Net Tax Due (line 10 less line 11D).....	\$ _____
	13. Amount due with this declaration (1/4 of line 12).....	\$ _____

<b>Total Amount Due</b>				<b>\$ _____</b>
	<b>Balance Due</b>	<b>First Quarter Payment</b>	<b>Total Due</b>	

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 \_\_\_\_\_

**Please check box if Tax Dept. may contact tax preparer about this return**

**FEDERAL EXTENSION MUST BE ATTACHED  
IF FILED AFTER APRIL 17, 2018**

**SECTION A: INCOME FROM RENTS**

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

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

RECEIVED FROM	FOR (DESCRIBE)	AMOUNT
<b>TOTAL INCOME</b> .....		<b>\$</b>

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.

**TO AVOID DELAY IN PROCESSING OR RECEIVING ADDITIONAL DOCUMENTATION REQUESTS, ATTACH COPIES OF ALL FEDERAL FORMS AND SCHEDULES USED TO COMPUTE YOUR LOCAL INCOME, ALONG WITH VERIFICATION OF TAX PAID DIRECTLY TO OTHER CITIES**

	A	B	C	D
SCHEDULES	INCOME/ (LOSS) FROM FEDERAL SCHEDULES	MCCONNELSVILLE PERCENTAGE	MCCONNELSVILLE TAXABLE INCOME (A x B)	TAX CREDIT ALLOWED FOR TAX PAID TO OTHER CITIES (Residents only)
1. SCHEDULE C - BUSINESS INCOME ( A separate allocation schedule is required for each Schedule C)				
2. SCHEDULE E- RENTAL INCOME (Residents enter profit/loss from all properties. Non-Residents enter only profit/loss from McConnelville properties.)				
3. SCHEDULE K-1 INCOME (Residents enter profit/loss from entities that do not pay McConnelville tax on entire distributive share)				
4. MISCELLANEOUS INCOME- 1099 MISC, W-2G SCHEDULE F, ETC				
5. TOTAL INCOME (LOSS) (Combine Lines 1 through 4 and enter this amount on Page 1 Line 2C) NOTE: Only Residents can offset profits / losses.	5A	5B	5C	5D

**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.

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.

**What is taxable?** All income earned, in whatever form, is taxable for purposes of McConnelville Income Tax Ordinance unless specifically excluded. See Ordinance 15-28

**SECTION D: PENALTIES**

With respect to unpaid income tax and unpaid estimated income tax, the Village of McConnelville may impose a **penalty equal to 15% of the amount not timely paid**. The Village of McConnelville may impose a **penalty of \$25 for each failure to timely file** each return, regardless of the liability shown thereon for each month, or any fraction thereof, during which the return remains unfiled. **The penalty shall not exceed \$150 for each failure.**

**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) _____