VILLAGE OF MCCONNELSVILLE INCOME TAX RETURN

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

Part Year Resident

Dates	from	to

MAKE CHECK OR MONEY ORDER PAYABLE TO: VILLAGE OF MCCONNELSVILLE

2018

Tax Year

McConnelsville, OH 43756 Ph. 740-962-3163 - Fax 740-962-6127

9 West Main Street

FILE WITH:
McConnelsville Income Tax Department

DUE ON OR BEFORE APRIL 15, 2019

Tax Office Use Only
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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.

1. TOTAL GROSS WAGES, SALARIES, TIPS & OTHER COMPENSATION (Attach W-2's and/or 1099's)		
page 2) <u>\$</u>	_	
page 2)\$	_	
	<u>\$</u>	
•••••	\$	
	\$	
overs	\$	
or 50% of tax due per W2, whichever is less)	\$	
	\$	
***************************************	\$	
	\$	
subject to:		
	\$	
r)		
C. Late Filing Fee or penalty for failure to file an extension - \$25.00 per month up to \$150.00		
25.00 per month up to \$150.00		
!5.00 per month up to \$150.00 DMPANY RETURN IF \$10 OR MORE	\$	
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OMPANY RETURN IF \$10 OR MOREto Next Years Estimate.	\$	
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	page 2)\$ page 2)\$ page 2)\$ page 2)\$ page 2)\$ page 2)\$	

SECTION A: INCOME FROM REI	NTS					
1. KIND & ADDRESS OF PROPERTY	2. RENT AMOUNT	3. DEPRECIATION	4. REPAIRS	5. OTHER EXPENSE	S 6. NET INCOME (LOSS	
NET INCOME (OR LOSS)					\$	
SECTION B: NET PROFIT FROM	BIISINESS DDC	EEGGIONG DAD	THEREUIDE	ETC INCLUDING	FARMA	
RECEIVED FROM	DOGINESS, PRO	TESSIONS, FAR	FOR (DESCRI			
THE STATE OF THE S			FOR (DESCRI	PE)	AMOUNT	
	-					
					-	
TOTAL INCOME					\$	
ANY NET OPERATING LOSS MAY BE AP MCCONNELSVILLE UNTIL EXHAUSTED, LOSS SHALL BE CARRIED BACK AGAIN:	BUT IN NO EVENT FOR	R MORE THAN FIVE (5)	T OF SUCCEEDIN TAXABLE YEARS	IG YEAR(S) ALLOCABLE . NO PORTION OF A NET	TO OPERATING	
TO AVOID DELAY IN PROCESSING OR R	ECEIVING ADDITION	AL DOCUMENTATIO	N PEOLIECTS	ATTACH CODIES OF A	LL FEDERAL FORMS	
AND SCHEDULES USED TO COMPUTE						
	A	В	T T T T T T T T T T T T T T T T T T T	C	D D	
	INCOME/ (LOSS) FROM FEDERAL	MCCONNELSVILLE	MCCONNELC	/ILLE TAXABLE INCOME	TAX CREDIT ALLOWED	
SCHEDULES	SCHEDULES	PERCENTAGE	MCCONNELS	(A x B)	FOR TAX PAID TO OTHER CITIES (Residents only)	
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 McConnelsville properties.)						
3. SCHEDULE K-1 INCOME (Residents enter						
profit/loss from entities that do not pay McConnelsville tax on entire distributive share)						
4. MISCELLANEOUS INCOME- 1099 MISC, W-2G SCHEDULE F, ETC						
5. TOTAL INCOME (LOSS) (Combine Lines 1						
through 4and enter this amount on Page 1 Line 2C) NOTE: Only Residents can offset profits /						
	5A	5B	5C		5D	
SECTION C: SOURCE OF NON-TA	AXABLE INCOME			***		
Poor relief, unemployment insurance benefit	s, supplemental unen	ployment benefits, old	age pensions o	r similar payments		
received from local, state, or federal governi	ments, charitable or re	eligious organizations.				
The following is a complete list of income so						
compensation insurance, social security be						
not excluding damages for loss of profits. Co intangible property. Military pay and allowand					vidends from	
What is taxable? All income earned, in					į	
	ly excluded. See Ordin		CCOM EISANIA III	come rax Ordinance		
SECTION D: PENALTIES						
With respect to unpaid income tax and unamount not timely paid. The Village of liability shown thereon for each month, coeach failure.	McConnelsville may i	impose a penalty of \$2	25 for each fall:	re to timely file each re	sturn regardless of the	
SECTION E: I AM NOT REQUIRED	TO COMPLETE	THIS FORM BEC	AUSE:			
ACTIVE DUTY MILITARY				OURCE (LIST SOURCE)		
NO EMPLOYMENT IN		MOVED FROM MCCONN	ELSVILLE PRIOR	TO JAN 1(LIST DATE)		
UNDER 18 YEARS OF AGE, NO MCCONNE WITHHELD	TAXPAYER DECEASED (LIST DATE OF DEATH) RETIRED PRIOR TO JAN 1 (LIST DATE)					
NO BUSINESS CONDUCTED IN VILLAGE IN BUSINESS CLOSED PRIOR TO JAN 1 (LIST DATE)						
OTHER (LIST SPECIFIC REASON)						
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