

VILLAGE OF STRASBURG, OHIO

Check your status as a taxpayer

- Individual or Married Couple
Married Filing Separate Return
Retired with No Taxable Income
Other (explain)

2019 INCOME TAX RETURN

Due by April 15th, 2020

If Partial Year or Fiscal Period, give dates
2019 through

FILING REQUIRED EVEN IF NO TAX DUE

Social Security No. (Taxpayer)

Social Security No. (Spouse)

If You Moved During Year of This Return, Give Date Into Strasburg Out of Strasburg

Phone #

Should your account be deactivated? No Yes (Reason)

Date of Birth

NAME AND ADDRESS: INDICATE ABOVE CHANGE(S) BY CHECKING NAME ADDRESS

1(A) ENTER TAXABLE QUALIFYING WAGES
Print Employer's Name City Where Employed W-2 Wages (See Instruction 5)
INCOME
1(B) LESS: Wages earned while non-resident (part-year residents only)
1. TOTAL
2(A) Profit from Income other than Wages (from Page 2, Line 21) ATTACH FEDERAL SCHEDULES
2(B) Less net loss per previous year Strasburg Tax Return (may not exceed amount on line 2A)
3. Total Taxable Income (Line 1 plus Line 2A minus Line 2B)
TAX
4. TAX - Multiply Taxable Income by 1.5%
TAX WITHHELD, PAYMENTS & CREDITS
5. Credits: (A) Strasburg Tax Withheld By Employer
(B) Credit Allowed for earnings taxed by other cities (Limited to 1%, See Instruction 7)
(C) Payments made of Declaration of Estimated Tax
(D) Prior Year Overpayment That Was Not Refunded
(E) TOTAL PAYMENTS AND CREDITS (5A+5B+5C+5D)
BALANCE DUE, REFUND OR CREDIT
6. BALANCE DUE OR OVERPAYMENT (line 4 minus Line 5E)
7. If paying or filing after due date, (See Instruction 12) add Penalty; Interest; Late Fee
8. Total Amount Due or Overpaid (Line 6 + Line7) (If positive, carry to Line 15 below)
9. Overpayment (If Line 8 is negative) (Indicate amount to be refunded or credited)
AMOUNT TO BE REFUNDED \$, OR CREDITED \$ TO NEXT YEAR'S ESTIMATE

DECLARATION OF ESTIMATED TAX FOR YEAR 2020.
REQUIRED BY LAW ON ALL INCOME FROM WHICH STRASBURG TAX IS NOT WITHHELD.

10. Estimated 2020 Income Subject To Strasburg Tax
11. Estimated Tax Due: 1.5% Times Line 10
12. Credits: (a) Strasburg Tax to be Withheld
(b) Total Credits
13. Estimated Tax Due (Line 11 less Line 12b)
(a) Prior Year Overpayment Not Refunded (See Line 9 above)
14. Amount Paid with this Declaration (Not Less Than 22 1/2% of Line 13, Less Line 13A)
TAX DUE
15. Enter Balance Due from Line 8 above
16. TOTAL TAX DUE (Add Line 14 and 15)

I CERTIFY THAT I HAVE EXAMINED THIS RETURN, INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS, AND TO BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

If this return was prepared by a Tax Practitioner, check here if we may contact him/her directly with questions regarding the preparation of this return.

Signature of Person Preparing if Other Than Taxpayer Date Signature of Taxpayer Date

Address or Name & Address of Preparer if Other Than Taxpayer Phone Signature of Spouse (if joint return) Date

MAKE CHECK PAYABLE TO "VILLAGE OF STRASBURG - INCOME TAX" • SEND TO VILLAGE OF STRASBURG, 1040 PAYMENTS, P.O. BOX 527, EATON RAPIDS, MI 48827.
Phone (330) 878-7213

ATTACH W-2S HERE

THIS SECTION TO BE COMPLETED ONLY BY THOSE WITH PROFIT OR LOSS FROM INCOME OTHER THAN WAGES

- 17. Profit or Loss from any Business Owned 17 \$ _____
 - 18. Rental Income (Attach Federal Schedule E Part I) &/or Farm Income (Attach Federal Schedule F)..... 18 \$ _____
 - 19. Pass-through income (Attach Federal Schedule E, Parts II to V) (**See Instruction 5.W.**)..... 19 \$ _____
 - 20. Other Income (Attach F1040 Pg 1) (1099-MISC, Form 4797 Ordinary Income, gambling winnings) 20 \$ _____
 - 21. Total Other Taxable Income (Add Lines 17 to 20). If positive, enter on Line 2A, page 1. **If negative, enter zero.**..... 21 \$ _____
- Attach any Adjusting Schedules or Worksheets including Pages 1 and 2 of Sch C**
- 22. Previously unused annual net losses allocated to Strasburg available to reduce the current year profit
(attach a detailed schedule) enter on Line 2B, page 1..... 22 \$ _____

SCHEDULE X. RECONCILIATION WITH FEDERAL INCOME TAX RETURN

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
A. Capital Losses (Excluding ordinary Losses)..... \$ _____		J. Capital Gains (Excluding Ordinary Gains)..... \$ _____	
B. Expenses incurred in the production of the non taxable income (at least 5% of Line Z)..... \$ _____		K. Interest income..... \$ _____	
C. Taxes paid to state and local municipalities..... \$ _____		L. Dividends \$ _____	
D. Loss carried forward per Federal Return..... \$ _____		M. Other (Explain)..... \$ _____	
E. Payments to Partners..... \$ _____		_____	

F. Sick pay not included in Line 1 above..... \$ _____		_____	
G. Contributions..... \$ _____			
H. Other expenses not deductible (Explain)..... \$ _____			
I. (Enter Schedule Z Line 2A)..... \$ _____		N. Enter Schedule Z Line 2B..... \$ _____	

SCHEDULE Y. BUSINESS ALLOCATION FORMULA

USE ONLY IF NET PROFIT FROM STRASBURG BRANCH IS NOT AVAILABLE

	a. LOCATED EVERYWHERE	b. LOCATED IN STRASBURG	c. PERCENTAGE (b ÷ a)
STEP 1. AVG. VALUE OF REAL & TANG. PERSONAL PROPERTY.....	_____	_____	_____ %
STEP 2. GROSS RECEIPTS FROM SALES MADE AND/OR WORK.....	_____	_____	_____ %
OR SERVICES PERFORMED (SEE INSTRUCTIONS).....	_____	_____	_____ %
STEP 3. WAGES, SALARIES AND OTHER COMPENSATION			
PAID EMPLOYEE.....	_____	_____	_____ %
4. Total Percentages.....			_____ %
5. AVERAGE PERCENTAGE (Divide Total percentages by Number of Percentages Used)		ENTER SCHEDULE Z LINE 3B	_____ %

SCHEDULE Z. NON-RESIDENT INDIVIDUALS

- 1. BUSINESS INCOME \$ _____
- 2. A. ITEMS NOT DEDUCTIBLE - (Schedule X, Line I).....Add \$ _____
- B. ITEMS NOT TAXABLE (Schedule X, Line N).....Deduct \$ _____
- C. ENTER EXCESS LINE 2A OR 2B \$ _____
- 3. A. ADJUST NET INCOME (Line 1 Plus/Minus Line 2C) IF SCHEDULE X IS USED \$ _____
- B. AMOUNT ALLOCABLE TO STRASBURG IF SCHEDULE Y STEP 5 IS USED _____% OF LINE 3A \$ _____
- 4. TAXABLE BUSINESS INCOME: LINE 3A OR LINE 3B (Enter On Page 1 Line 2A)..... \$ _____