

File with
KALIDA INCOME TAX DIVISION
Box 495
Kalida, Ohio 45853-0495

VILLAGE OF KALIDA

INCOME TAX RETURN

For Jan. 1, - Dec. 31,

Year

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**Make Checks and Money Orders
Payable To**
KALIDA INCOME TAX DIVISION

or

Fiscal Period _____ to _____

Check your status as a Taxpayer	
EMPLOYEE <input type="checkbox"/>	PROFESSIONAL <input type="checkbox"/>
PROPRIETOR <input type="checkbox"/>	PARTNER <input type="checkbox"/>
CORPORATION <input type="checkbox"/>	OTHER <input type="checkbox"/>
Nature of Business or Occupation _____	
RESIDENT <input type="checkbox"/>	NON-RESIDENT <input type="checkbox"/>
Did you have employees in _____ ?	
YES <input type="checkbox"/> NO <input type="checkbox"/>	

CALENDAR YEAR TAXPAYERS FILE ON OR BEFORE APRIL 30.
FISCAL and PARTIAL YEARS FILE WITHIN 105 DAYS of end of period.

PLEASE ANSWER ABOVE QUESTIONS

NOTE 1: Form W-2 required of wage earners.
NOTE 2: Any Taxpayer attaching a copy of his Federal Return or Schedules, where applicable, need not complete Pg. 2 (except Schedule Y, Pg. 2, when Line 5b, Pg. 1, is used).

IF ADDRESS IS INCORRECT PLEASE MAKE CORRECTION.

1. Enter total compensation received before any payroll deductions. If this is your only source of income, disregard Lines 2 thru 6 and compute your tax on Line 7.

PRINT EMPLOYER'S NAME	CITY WHERE EMPLOYED	Kalida Tax Withheld	WAGES, ETC.	
		\$	\$	
1a. TOTALS (If above is fully taxable and your only income, go next to Line 7.)		\$	\$	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
2. Other Income from Line 22 Page 2.....				
3. Total Income (Total of Lines 1 and 2 or per Federal Return attached).....				
4a. Items not deductible (from Line m Schedule X below).....Add				
b. Items not taxable (from Line z Schedule X below).....Deduct				
c. Difference between Lines 4a. and 4b. to be added to or subtracted from Line 3				xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
5a. Adjusted Net Income (Line 3 plus or minus 4c.).....				
b. Amount allocable to Kalida if Schedule Y Page 2 is used (____% of Line 5a).....				
6. Amount subject to Kalida Income Tax (Line 1a, 2, 3, or 5a or 5b).....				\$
7. Kalida Income Tax 1% - Multiply Line 6 by .01 (or Line 1a. where applicable).....				\$
8. Credits (A) Kalida Tax withheld by employer(s) from Line 1a.				\$
(B) Payments on _____ Declaration.....				\$
(C) Income Taxes paid City of _____ (Limit 1%).....				\$
(X) Total Credits Allowable.....				\$
9a. Balance of Tax Due (Line 7 Less Line 8X).....				\$
b. Late filing fee \$50.00.....				\$
c. Penalty 1% per month on outstanding balance.....				\$
10. Amount payable to Kalida Income Tax Division (payment must accompany this form).....				\$
11. Overpayment claimed <input type="checkbox"/> refund <input type="checkbox"/> credit to _____ Declaration <input type="checkbox"/> .				

SCHEDULE X - RECONCILIATION WITH FEDERAL INCOME TAX RETURN

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
a. Net loss from sale, exchange or other disposition of capital or other assets		n. Net gain from sale, exchange or other disposition of capital or other assets	
b. Interest and or Other Expense incurred in the production of non-taxable income.....		o. Interest Income	
c. City Income Taxes Paid or Accrued		p. Dividends (less Federal exclusion)	
d. Withdrawals by Owner		q. Income from Patents and Copyrights	
e. Contributions		r. Other income exempt from Kalida Income Tax (explain)	
f. Other Deductions Not Allowable (explain)			
m. Total Additions (enter as Line 4a above)		z. Total Deductions (enter as Line 4b above)	

The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated and that the figures used herein are the same as used for Federal Income Tax purposes:

Signature of Person Preparing, if Other Than Taxpayer _____	Date _____	Signature of Taxpayer or Agent _____	Date _____
Address or Name and Address of Firm or Employer _____		Title _____	