

**EVERYONE MUST FILE -- \$50.00 PENALTY FOR LATE OR NON-FILING
EXTENSION MUST BE FILED BY APRIL 15
THIS IS NOT A FEDERAL RETURN**

**W-2'S & 1099'S
MUST BE
ATTACHED
OR
TAX CREDIT
WILL BE
DISALLOWED**

File this Return with the North Kingsville Income Tax Dept. P.O. Box 253, North Kingsville, Ohio 44068 on or before April 15, 2010

INDIVIDUAL INCOME TAX RETURN
2009 North Kingsville, Ohio Income Tax **2009**
For Taxable Calendar Period from January 1, 2009 through December 31, 2009

(Tax Office Only)
Processed By _____
Extended _____
____ Cash ____ MO
____ Check
Paid with this return
\$ _____
Holiday Fund
\$ _____

NAME: _____ **I AM NOT REQUIRED TO PAY TAX BECAUSE:**
C/O: _____ Under 18 for the entire tax year of 2009
ADDRESS: _____ Retired, individuals receiving only pension, Social Security, interest, or dividend income.
CITY/STATE: _____ An active member of the United States Armed Forces for the entire year. Doesn't include civilians employed by military or National Guard.
 _____ Other (explain) _____

ENTER TOTAL wages, salaries, commissions and other compensation received in the tax period from January 1, 2009 to December 31, 2009 BEFORE PAYROLL DEDUCTIONS. Also enter amount of Village Income Tax withheld. Documentation needed for partial year residents.

A Name of Employer	B Where Employed (City & State)	C Total Gross Earnings Before Deductions	D N. Kingsville Tax Withheld	E Other Taxes Withheld

1. Gross Compensation (amount from column C)

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2. Net Profits from Rentals (Schedule B), including farms

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3. Net profits from Business or Professions (Schedule C), including farms

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4. Income from Partnership, etc. (Schedule D), including farms

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5. Total Income from all sources subject to North Kingsville Income Tax (Total lines 1,2,3,4) ..

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(Losses from lines 2, 3, & 4 cannot be deducted from line 1)

6. Enter Total Tax Due 1% of Line 5

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7. How much have you paid on your 2009 North Kingsville Tax;

A. Estimated payments for 2009 for North Kingsville Income Tax;

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B. North Kingsville Income Tax withheld from wages (amount column D)

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C. Credit for City Tax withheld in other cities (amount in column E; credit

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cannot exceed 1/2 of 1% of wages taxed by other municipalities per W2)

8. Total of Lines 7A - 7C

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9. Balance of Tax due for 2009 (Subtract Line 8 from Line 6)

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10. If your credits (Line 8) are larger than your tax (Line 6) enter the difference

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11. Enter amount to be refunded (Declaration must be made before refund given)

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12. Enter amount to be credited to your 2010 Taxes

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NOTE - No refund will be made until 2010 Declaration is filed. If balance is less than \$1.00 payment need not be made, and if overpayment is less than \$1.00 no refund will be issued.

DECLARATION OF ESTIMATED TAX FOR YEAR 2010

13. Total income subject to tax \$ _____ times 1% \$ _____

14. Less Credits

a. Withheld by employer for North Kingsville \$ _____

b. Credits remaining from prior year \$ _____

c. Payments to another municipality (not to exceed 0.50% of amount taxed) \$ _____

d. Total Credits \$ _____

15. Net estimated tax (Line 13 minus Line 14d) \$ _____

16. Amount paid with this Declaration (at least 1/4 of Line 15)

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17. If you would like to donate to the Holiday Decoration Fund - please enter amount

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18. TOTAL AMOUNT PAID FROM LINES 9, 16 AND 17

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CERTIFICATION

I declare that the information contained in this return has been examined by me and to the best of my knowledge, believe it is a true & complete return.

(Signature of Firm or person, other than taxpayer, preparing return) Date _____

(Signature of Taxpayer) **(MUST BE SIGNED)** Date _____

Phone # _____ S.S. or Fed I.D. # _____

By checking this box we can discuss tax return with tax preparer. Phone # _____

Landlord Name _____
& Address _____

DISREGARD THIS PAGE IF ENTIRE TAXABLE INCOME IS FROM SALARIES AND WAGES (W-2 INCOME)
SCHEDULE B -- INCOME FROM RENTALS (Attach Schedule E from Federal Return.)

1. Description and Location of Property	2. Amount Received During Period	3. Depreciation	4. Repairs	5. Other Expenses	6. Net Profits
Total:					

Show Net Rental Income (or loss) for period covered by this Return. (enter total of Col. 6-net Profits) here & on line 2, page 1.

Schedule C -- PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION (Attach Schedules from Federal Return)

Business Name _____ Nature of Business _____
 Name and Address of Person Having Custody of Books _____ Business Phone # _____

NET PROFIT

1. Net Profit (or Loss) per your Federal Schedules C, E, and F.....		
2. Add items not deductible under North Kingsville, Ohio Income Tax Ord. Schedule X.....		
3. Deduct items not taxable under North Kingsville, Ohio Income Tax Ord. Schedule X.....		
4. Adjusted Net Profit (Line 2 plus Line 2 minus Line 3).....		
5. _____% (as determined by Allocation Percentage Formula, Line 5 Schedule Y).....		
6. Multiply Line 4 by the percent shown on Line 5; enter here on Line 3 page 1.....		

Schedule D -- INCOME FROM PARTNERSHIPS, ESTATES, TRUSTS AND OTHER SOURCES

Attach Schedule From Federal Return

Give detail of any Other Income, received during the period covered by this return, subject to North Kingsville, Ohio Income Tax
 Nature and Source of other Income _____ Amount _____

Nature and Source of other Income	Amount
	\$ _____
Total Other Income Subject to North Kingsville, Ohio Income Tax (enter on line 4 page 1)	\$ _____

Income Earned within North Kingsville by Non-Residents is subject to North Kingsville Income Tax

Schedule X -- ADJUSTMENT TO FEDERAL INCOME TAX RETURN

ITEMS NOT DEDUCTIBLE -- ADD

A. Capital losses - including federally reported losses that directly relate to the sale, exchange, or other disposition of an asset described in 1221 or 1231 of the IRC.

B. Taxes based on income \$ _____

C. 5% of amount deducted as intangible income excluding portion directly related to sale, exchange, or other disposition of property described in 1221 of IRC. \$ _____

D. Amounts paid or accrued to qualified self-employed retirement, health & life insurance plans for owners or owner-employees of Non-C Corporation Entities, or self-employed tax. \$ _____

E. Guaranteed Payment to Partners \$ _____

F. REIT's and RIC's - All amounts allowed as a deduction \$ _____

G. Other: (Attach Explanation) \$ _____

H. Total Additions (enter on line 2 Schedule C) \$ _____

ITEMS NOT TAXABLE -- DEDUCT

I. Capital gains- federally reported income & gains from IRC 1221 or 1231 property dispositions except to the extent the income & gains apply to those described in IRC 1245 or 1250.

J. Intangible income such as interest, dividend, patent & copyright income. \$ _____

K. Other: (Attach Explanation) \$ _____

L. Total Deductions (enter on line 3, Schedule C.) \$ _____

SCHEDULE Y BUSINESS APPORTIONMENT FORMULA

	a. Located EVERYWHERE	b. Located in NORTH KINGSVILLE	c. PERCENTAGE (b/a)
STEP 1. AVERAGE ORIGINAL COST OF REAL & TANG. PERSONAL PROPERTY GROSS	_____	_____	
ANNUAL RENTALS PAID	_____	_____	
MULTIPLIED BY 8	_____	_____	
TOTAL STEP 1	_____	_____	_____ %
STEP 2. GROSS RECEIPTS FROM SALES MADE AND/OR WORK OR SERVICES PERFORMED	_____	_____	_____ %
STEP 3. WAGES, SALARIES & OTHERS COMPENSATIONS PAID	_____	_____	_____ %
4. TOTAL PERCENTAGES	_____	_____	_____ %
5. AVERAGE PERCENTAGE (Divide total percentages by number of percentages used).	_____	_____	_____ %