

VILLAGE OF LORDSTOWN  
Income Tax Department  
1455 Salt Springs Road, S.W.  
Lordstown, Ohio 44481

LORDSTOWN INCOME TAX RETURN

ORDINANCE NO. 41-77 • EFFECTIVE DATE OF 7/1/77  
AMENDED ORDINANCE 65-91

FILING REQUIRED EVEN IF NO TAX DUE ON OR BEFORE APRIL 15

(330) 824-2627 • FAX: (330) 824-3703

MAKE CHECK OR MONEY  
ORDER PAYABLE TO:  
LORDSTOWN VILLAGE  
INCOME TAX

PRINCIPAL BUSINESS ACTIVITY \_\_\_\_\_

CORPORATION  PARTNERSHIP  SOLE PROPRIETOR   
RENTAL PROPERTY

IF OTHER, EXPLAIN \_\_\_\_\_

BUSINESS TELEPHONE \_\_\_\_\_

FEDERAL I.D.# \_\_\_\_\_

IF YOU HAVE MOVED DURING CURRENT YEAR PLEASE GIVE DATE

MOVED IN \_\_\_\_\_ MOVED OUT \_\_\_\_\_

INCOME 1. TOTAL INCOME FROM PAGE 2 OR ATTACHED COPIES OF FEDERAL RETURNS & SCHEDULES ..... \$ \_\_\_\_\_

2a. ITEMS NOT DEDUCTIBLE (FROM LINE M SCHEDULE X [FROM PAGE 2]) ..... ADD \$ \_\_\_\_\_

ADJUSTMENTS TO INCOME b. ITEMS NOT TAXABLE (FROM LINE Z SCHEDULE X [FROM PAGE 2]) ..... DEDUCT \$ \_\_\_\_\_

c. DIFFERENCE BETWEEN LINES 2a AND b TO BE ADDED TO OR SUBTRACTED FROM LINE 1 ..... (+ OR -) \$ \_\_\_\_\_

3a. ADJUSTED NET INCOME (LINE 1 PLUS OR MINUS LINE 2c IF SCHEDULE X IS USED) ..... \$ \_\_\_\_\_

b. AMOUNT OF LINE 3a ALLOCABLE ( .....% FROM LINE 5 SCHEDULE Y) ..... \$ \_\_\_\_\_

4. AMOUNT SUBJECT TO LORDSTOWN INCOME TAX (LINE 3a OR 3b) ..... \$ \_\_\_\_\_

TAX 5. LORDSTOWN TAX 1.5% OF LINE 4 ..... \$ \_\_\_\_\_

6. CREDITS:

(a) PAYMENTS AND CREDITS ON PREVIOUS YEARS DECLARATION OF ESTIMATED TAX \$ \_\_\_\_\_

(b) PRIOR YEAR OVERPAYMENT ..... \$ \_\_\_\_\_

(c) TAXES PAID OTHER COMMUNITIES TO 1.5% ..... \$ \_\_\_\_\_

(x) TOTAL CREDITS ALLOWABLE ..... \$ \_\_\_\_\_

7. IF LINE 5 GREATER THAN LINE 6x PAYMENT OF BALANCE MUST ACCOMPANY THIS RETURN:  
No payment due if Line 7 is 10.00 or less

TAX DUE \$ \_\_\_\_\_

8. OVERPAYMENT TO BE REFUNDED \$ \_\_\_\_\_ OR CREDITED \$ \_\_\_\_\_ TO NEXT YEAR ESTIMATE  
If over \$10.00

DECLARATION OF ESTIMATED TAX FOR YEAR

9. TOTAL INCOME SUBJECT TO TAX \$ \_\_\_\_\_ MULTIPLY BY TAX RATE OF 1.5% FOR GROSS TAX OF ..... \$ \_\_\_\_\_

10. LESS EXPECTED TAX CREDITS

A. OVERPAYMENT FROM PRIOR YEAR(S) ..... S \_\_\_\_\_

B. OTHER (EXPLAIN) ..... S \_\_\_\_\_

C. TOTAL CREDITS ..... \$ \_\_\_\_\_

11. NET TAX DUE (LINE 9 LESS LINE 10C) ..... \$ \_\_\_\_\_

12. FIRST QUARTER DUE WITH THIS DECLARATION ..... \$ \_\_\_\_\_

13. BALANCE OF ESTIMATED TAX DUE ..... \$ \_\_\_\_\_

14. TOTAL OF THIS PAYMENT (LINE 7 PLUS LINE 12) ..... \$ \_\_\_\_\_

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 A PERSON OTHER THAN TAXPAYER, THE DECLARATION IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE.

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

Signature of Taxpayer or Agent (Required) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Title, If Signing for a Business \_\_\_\_\_ Date \_\_\_\_\_

IN LIEU OF COMPLETING, YOU MAY ATTACH APPROPRIATE FEDERAL SCHEDULE(S)

**SECTION A Profit (or Loss) from Business or Profession**

1. TOTAL RECEIPTS, LESS ALLOWANCES, REBATES AND RETURNS ..... \$ \_\_\_\_\_

2. LESS Cost of Labor \$ \_\_\_\_\_ Material, supplies & other costs \$ \_\_\_\_\_ ..... \$ \_\_\_\_\_

3. GROSS PROFIT FROM SALES, ETC. (Line 1 Less Line 2) ..... \$ \_\_\_\_\_

4. INTEREST \$ \_\_\_\_\_ OTHER BUSINESS INCOME (Specify) \$ \_\_\_\_\_ ..... \$ \_\_\_\_\_

5. TOTAL BUSINESS INCOME BEFORE DEDUCTIONS ..... \$ \_\_\_\_\_

**BUSINESS DEDUCTIONS**

6. ADVERTISING AND PROMOTION ..... \$ \_\_\_\_\_ 11. DEPRECIATION, AMORTIZATION ..... \$ \_\_\_\_\_

7. AUTO, TRUCK AND TRAVEL ..... \$ \_\_\_\_\_ 12. RENTS (Paid to \_\_\_\_\_) \$ \_\_\_\_\_

8. INT. ON BUSINESS INDEBTEDNESS .. \$ \_\_\_\_\_ 13. OTHER (List if over 10% of Line 14) ... \$ \_\_\_\_\_

9a. TAXES BASED ON INCOME ..... \$ \_\_\_\_\_ 14. TOTAL BUSINESS DEDUCTIONS (Total of Lines 6 to 13)..... \$ \_\_\_\_\_

b. OTHER BUSINESS TAXES..... \$ \_\_\_\_\_ 15. NET PROFIT (OR LOSS) FROM BUSINESS OR

10. SALARIES AND WAGES ..... \$ \_\_\_\_\_ PROFESSION (LINE 5 LESS LINE 14)..... \$ \_\_\_\_\_

**SECTION B Total from Federal Schedule D, Form 4797** \$ \_\_\_\_\_

**SECTION C Income from Rents — from Federal Schedule E — Over \$250.00 Gross Monthly**

Kind & Location of Property	Amount of Rent	Depreciation	Repairs	Other Expenses	Net Income (Or Loss)

NET INCOME SECTION C ..... \$ \_\_\_\_\_

**SECTION D All Other Taxable Income**

INCOME FROM PARTNERSHIPS, ESTATES & TRUSTS: FEES, TIPS, COMMISSIONS AND MISCELLANEOUS

RECEIVED FROM	FOR (DESCRIBE)	AMOUNT

NET INCOME SECTION D ..... \$ \_\_\_\_\_

**TOTAL From Sections A, B, C & D. Enter on Page 1, Line 1** ..... \$ \_\_\_\_\_

**SCHEDULE X. RECONCILIATION WITH FEDERAL INCOME TAX RETURN**

ITEMS NOT DEDUCTIBLE		ADD	ITEMS NOT TAXABLE		DEDUCT
a. Capital Losses (Excluding Ordinary Losses) .....	\$ _____		n. Capital Gains (Excluding Ordinary Gains) ....	\$ _____	
b. Expenses incurred in the production of non-taxable income (at least 5% of Line Z) .....	\$ _____		o. Interest Income .....	\$ _____	
c. Taxes based on income (State) .....	\$ _____		p. Dividends .....	\$ _____	
d. Taxes based on income (City) .....	\$ _____		q. Other (Explain) .....	\$ _____	
e. Net operating loss deduction per Federal Return .....	\$ _____				
f. Payments to partners .....	\$ _____				
g. Contributions .....	\$ _____				
h. Other expenses not deductible (Explain) .....	\$ _____				
m. (Enter Line 2a Other Side) .....	TOTAL \$ _____		z. Enter Line 2b Other Side .....	TOTAL \$ _____	

**SCHEDULE Y Business Allocation Formula**

	a. LOCATED EVERYWHERE	b. LOCATED IN LORDSTOWN	c. PERCENTAGE (b ÷ a)
<b>STEP 1.</b> ORIGINAL COST OF REAL & TANG. PERSONAL PROPERTY GROSS ANNUAL RENTALS PAID MULTIPLIED BY 8 TOTAL STEP 1	_____	_____	_____ %
<b>STEP 2.</b> GROSS RECEIPTS FROM SALES MADE AND/OR WORK OR SERVICES PERFORMED	_____	_____	_____ %
<b>STEP 3.</b> WAGES, SALARIES AND OTHER COMPENSATION PAID	_____	_____	_____ %
4. TOTAL PERCENTAGES	_____	_____	_____ %
5. AVERAGE PERCENTAGE (Divide Total Percentages by Number of Percentages Used).			Carry to Line 3b, Page 1 _____ %

**SCHEDULE Z PARTNER'S SHARE OF INCOME**

1. NAME AND MUNICIPALITY OR TOWNSHIP OF EA. PARTNER	2. Resident		3. Dist. Shares of Partners		4. Other Payments	5. Taxable Percentage	6. Amount Taxable
	Yes	No	Percent	Amount			
7. TOTAL From Section A and Section D above			100				