

# 2016 - VILLAGE OF BYESVILLE INCOME TAX RETURN - 2016

Please return with attachments by **April 18, 2017**

PO Box 8, Byesville OH 43723

(740) 685-0800 Ext. 3

**FILING IS REQUIRED EVEN IF NO TAX IS DUE**

Taxpayer name and address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Spouse Social Security Number: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Email: \_\_\_\_\_

IF YOU MOVED DURING THE YEAR, YOU MUST COMPLETE BELOW:

Date moved in: \_\_\_\_\_ Date moved out: \_\_\_\_\_

I AM NOT REQUIRED TO COMPLETE LINES 1-14 OF THIS TAX RETURN BECAUSE:

\_\_\_\_\_ Active Duty Military until date: \_\_\_\_\_ Taxpayer deceased Date: \_\_\_\_\_  
 \_\_\_\_\_ Retired prior to 2016 \_\_\_\_\_ No Employment in 2016  
 \_\_\_\_\_ Income is from non-taxable source. List source: \_\_\_\_\_

**Please attach your Federal Tax Return with all applicable schedules, W-2's, and 1099's**

**INCOME:**

1 Total Qualifying Wages - (Box 5 or Box 18 whichever is higher) 1. \$ \_\_\_\_\_  
 2 A. Net profit from Other Income (Worksheet A, page 2) 2.\$ \_\_\_\_\_  
 B. Adjustment to income (Attach 2106 and appropriate federal schedule) 2B.\$ \_\_\_\_\_  
 3 Total income subject to Byesville Income Tax (add lines 1 and 2, subtract 2B) 3.\$ \_\_\_\_\_  
 4 Byesville Tax, Line 3 multiplied by 1% 4.\$ \_\_\_\_\_

**5 TAX CREDITS**

A. Byesville tax withheld 5A.\$ \_\_\_\_\_  
 B. Tax paid to other cities (not to exceed 1%) 5B.\$ \_\_\_\_\_  
 C. Estimated tax paid to Byesville 5C.\$ \_\_\_\_\_  
 D. Prior years overpayment 5D.\$ \_\_\_\_\_  
 E. Total tax credits (add lines A, B, C, and D) 5E.\$ \_\_\_\_\_  
 6 If Line 4 is greater than line 5E, enter balance due 6.\$ \_\_\_\_\_  
 If line 6 is less than \$10.01, no payment is due  
 7 If Line 5E is greater than line 4, enter overpayment  
 If line 7 is less than \$10.01, no refund or credit will be issued  
 Amount to be Refunded \_\_\_\_\_ or Credited to 2017 \_\_\_\_\_ 7.\$ \_\_\_\_\_  
 8 Late Filing Penalty: \_\_\_\_\_ Late Payment Penalty: \_\_\_\_\_ Interest: \_\_\_\_\_ 8.\$ \_\_\_\_\_  
 9 BALANCE DUE (add line 6 and line 8) 9.\$ \_\_\_\_\_

**DECLARATION OF ESTIMATED TAX FOR YEAR 2017**

IF YOU OWE \$200 OR MORE IN TAX THAT IS NOT CURRENTLY WITHHELD FROM YOU EMPLOYER, YOU **MUST** FILE AND PAY ESTIMATED TAX

10 Total Estimated Tax for 2017 (1% x total income) 10. \$ \_\_\_\_\_  
 11 Expected Credits  
 A. Tax paid to other cities (not to exceed 1%) 11A.\$ \_\_\_\_\_  
 B. Overpayment from prior years 11B.\$ \_\_\_\_\_  
 C. Total Credits ( Add lines 11A and 11B) 11C.\$ \_\_\_\_\_  
 12 Net Tax Due (Line 10 minus Line 11C) 12.\$ \_\_\_\_\_  
 13 Amount paid with this declaration (Not less than 1/4 of Line 12) 13.\$ \_\_\_\_\_  
 14 Amount enclosed 2016 \$ \_\_\_\_\_ (line 6), 2017 \$ \_\_\_\_\_ (line 13) TOTAL \$ \_\_\_\_\_

**Under penalty of perjury, I declare that the information contained in this tax return is true and complete.**

Signature (Required) \_\_\_\_\_ Date \_\_\_\_\_ Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_  
 May we contact this preparer? \_\_\_Y \_\_\_N  
 Signature of Preparer (If different from taxpayer) \_\_\_\_\_ Date \_\_\_\_\_

## 2016 - VILLAGE OF BYESVILLE INCOME TAX RETURN - PAGE 2

### WORKSHEET A - OTHER INCOME

Type	Location	Net Taxable Gain from Federal Schedule	Net Taxable Loss from Federal Schedule
Proprietorship Income (Schedule C)			
Rental Income (Schedule E)*			
Partnership Income (Schedule E/K-1)			
Farm Income (Schedule F)			
Not less than -0-			

An individual who operates two or more sole proprietorships, rentals, farms, or reportable partnerships may offset them against each other to arrive at a total reportable net profit. A net loss cannot be used to offset W-2 income, but may be carried forward.

### WORKSHEET B - ADJUSTMENTS TO INCOME

1 Employee Business 2106 Expense	\$	_____
2 Minus Schedule A Deduction	\$	_____
Must attach both Schedule A and 2106		
 TOTAL ADJUSTMENTS	\$	 _____

Must fully explain, plus support with documentation and calculations.

### WORKSHEET C - CREDIT FOR TAXES PAID TO OTHER CITIES

Maximum of 1% credit allowed per city per W2

COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5
List of all cities except Byesville	Gross Salaries, Wages, Etc.	Tax Withheld	1% of Column 2	Lesser of Column 3 or Column 4
Carry total of Column 5 to Line 5B on Page 1			Total Allowed	_____

\* If you own rental property, please complete the following:

Tennant Name	Address	Date occupied by tennant