

# CITY OF LOGAN, OHIO

**FILE WITH  
LOGAN INCOME TAX DEPT.**  
P.O. Box 343  
Logan, Ohio 43138  
**ON OR BEFORE APRIL, 15.**

FILING RECOMMENDED EVEN IF NO TAX DUE

MAY BE USED IN ANY CITY IN BUTLER, CLERMONT, HAMILTON,  
HIGHLAND, HOCKING, MONTGOMERY OR WARREN COUNTIES BY  
INSERTING PROPER NAME AND CHANGING TAX RATE.

MAKE CHECK OR MONEY ORDER  
PAYABLE TO

**CITY OF LOGAN**

TELEPHONE: Home   
Business

NAME OF EMPLOYER

ADDRESS: Street   
City

TAXPAYERS NAME AND ADDRESS

ACCOUNT NO.

SOCIAL SECURITY NUMBERS:

TAXPAYER

SPOUSE

IF MOVED SINCE THE PREVIOUS FINAL RETURN WAS DUE GIVE  
INTO CITY  OR OUT OF

NOTICE: By law, all returns and credits, in excess of \$10.00 are being reported to IRS.

This space for Tax Office Only

NOTE: Page 2 must be completed if you have taxable rental property or business income.

1. WAGES, SALARIES, TIPS AND OTHER EMPLOYEE COMPENSATION (Attach all W-2's and copy of Federal Return).....	\$	<input type="text"/>
2. OTHER TAXABLE INCOME FROM PAGE 2 ( Loss can't be deducted from withheld tax ) .....	\$	<input type="text"/>
a. TOTAL ADDITIONS (SEE PAGE 2).....	\$	<input type="text"/>
a. TOTAL DEDUCTIONS (SEE PAGE 2).....	\$	<input type="text"/>
3. TAXABLE INCOME: LINE 1 PLUS LINE 2).....	\$	<input type="text"/>
4. MUNICIPAL TAX 1 1/2% OF LINE 3.....	\$	<input type="text"/>
5. CREDITS (Each W-2 stands independent) NO REFUND OR CREDIT GIVEN WHERE TAX IS PAID IN EXCESS OF 1 1/2%		

A. TAX WITHHELD BY EMPLOYER FOR <input type="text"/> (NOT TO EXCEED 1 1/2%) .....	\$	<input type="text"/>	
B. ESTIMATED TAX PAID THIS MUNICIPALITY.....	\$	<input type="text"/>	
C. TAX PAID CITY OR VILLAGE OF <input type="text"/> (NOT TO EXCEED 1 1/2%) .....	\$	<input type="text"/>	
D. PRIOR YEAR OVERPAYMENTS .....	\$	<input type="text"/>	
E. TOTAL CREDITS.....	\$	<input type="text"/>	<input type="text"/>
6. IF LINE 4 IS GREATER THAN LINE 5E, PAYMENT OF BALANCE MUST ACCOMPANY THIS RETURN: TAX DUE.....	\$	<input type="text"/>	<input type="text"/>
A. PENALTY \$ <input type="text"/> INTEREST \$ <input type="text"/>	\$	<input type="text"/>	
B. TOTAL AMOUNT DUE.....	\$	<input type="text"/>	
7. OVERPAYMENT TO BE REFUNDED \$ <input type="text"/> OR CREDITED \$ <input type="text"/> TO NEXT YEAR ESTIMATE			

### DECLARATION OF ESTIMATED TAX FOR YEAR

8. TOTAL INCOME SUBJECT TO TAX \$ <input type="text"/> MULTIPLY BY TAX RATE OF 1 1/2% FOR GROSS TAX OF .....	\$	<input type="text"/>
9. LESS EXPECTED TAX CREDITS		
A. OVERPAYMENT FROM PRIOR YEAR(S).....	\$	<input type="text"/>
B. PAYMENTS ON TAXABLE INCOME TO .....		<input type="text"/>
C. TOTAL CREDITS.....	\$	<input type="text"/>
10. NET TAX DUE (LINE 8 LESS LINE 9C).....	\$	<input type="text"/>
11. AMOUNT PAID WITH THIS DECLARATION (NOT LESS THAN 1/2 OF LINE 10).....	\$	<input type="text"/>
12. BALANCE OF <input type="text"/> TAX.....	\$	<input type="text"/>

I CERTIFY THAT I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) AND TO THE BEST OF MY KNOWLEDGE AND BELIEVE IT IS TRUE, CORRECT AND COMPLETE. IF PREPARED BY A PERSON OTHER THAN TAXPAYER, THE DECLARATION BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE.

Signature of Person Preparing if Other Than Taxpayer

Address

Phone No.

Signature of Taxpayer or Agent

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 \$ \_\_\_\_\_ Materials, supplies and 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.....\$ \_\_\_\_\_
- 6. ADVERTISING AND PROMOTION . \$ \_\_\_\_\_
- 7. AUTO, TRUCK AND TRAVEL . \$ \_\_\_\_\_
- 8. INT. ON BUSINESS INDEBTEDNESS \$ \_\_\_\_\_
- 9e. TAXES BASED ON INCOME .....\$ \_\_\_\_\_
- b. OTHER BUSINESS TAXES.....\$ \_\_\_\_\_
- 10. SALARIES AND WAGES.....\$ \_\_\_\_\_
- 11. DEPRECIATION, AMORTIZATION . .....\$ \_\_\_\_\_
- 12. RENTS (Paid to \_\_\_\_\_ ) .....\$ \_\_\_\_\_
- 13. OTHER (List if over 10% of Line 14) .....\$ \_\_\_\_\_
- 14. TOTAL BUSINESS DEDUCTIONS (Total of Lines 6 to 13)...\$ \_\_\_\_\_
- 15. NET PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION (LINE 5 LESS LINE 14).....\$ \_\_\_\_\_

**SECTION B**

Total from Federal Schedule D, Form 4797.

**SECTION C**

Income from Rents — from Schedule E

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

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

**SECTION D**

All other Taxable Income.

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

RECEIVED FROM	FOR (DESCRIBE)	AMOUNT

NET INCOME 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.....	\$ _____		J. Capital Gains .....	\$ _____	
D. Expenses incurred in the production of non-taxable income .....	\$ _____		K. Interest Income .....	\$ _____	
C. Taxes based on income (State) .....	\$ _____		L. Dividends .....	\$ _____	
D. Taxes based on income (City) .....	\$ _____		M. Other (Explain) .....	\$ _____	
E. Net operating loss deduction for Federal Return .....	\$ _____		.....		
F. Payments to Partners .....	\$ _____		.....		
G. Contributions .....	\$ _____		.....		
H. Other expenses not deductible (Explain) .....	\$ _____		N. ....	Total \$ _____	
I. Total \$ _____					

**SCHEDULE Y**

Business Allocation Formula

A. LOCATED EVERYWHERE      B. LOCATED IN THIS CITY      C. PERCENTAGE (b + a)

STEP 1. AVG VALUE 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 AND OTHER COMPENSATION PAID	_____	_____	_____	_____	_____ %
4. TOTAL PERCENTAGES					_____ %
5. AVERAGE PERCENTAGE (Divide Total Percentages by Number of Percentages Used)					_____ %

**SCHEDULE Z**

PARTNER'S SHARE OF INCOME

1. NAME AND MUNICIPALITY OR TOWNSHIP OF EACH PARTNER	2. President		3. Dist. Shares of Partners		4. Other	5. Taxable	6. Amount
	Yes	No	Percent	Amount	Payments	Percentage	Taxable
TOTALS from Section A and D Above			100	\$ _____			