CITY OF ONTARIO
INCOME TAX DIVISION
555 STUMBO ROAD
MANSFIELD, OHIO 44906

2007

Joint/Individual/Business
Annual City Income Tax Return

IMPORTANT CITY INCOME TAX FORMS

THIS IS YOUR CITY OF ONTARIO TAX RETURN.

PENALTY AND INTEREST WILL BE ASSESSED FOR FAILURE TO COMPLY

MANDATORY TAX FILING was enacted by City Council beginning with the 2003 Tax Year.

Dear Taxpayer:

This is your Ontario City Income Tax Package. To assist you in filing your return, we have included INSTRUCTIONS, THE ANNUAL RETURN IN DUPLICATE, THE DECLARATION OF ESTIMATED TAX AND THE DECLARATION OF EXEMPTION.

Every Ontario resident 18 years of age and older must file an Ontario Income Tax Return by April 15, unless exempt. Refer to the INDIVIDUAL DECLARATION OF EXEMPTION form on the last page for all filing exemption categories.

Every non-resident individual earning income in Ontario not subject to the withholding of Ontario income tax must also file an annual return.

Web Site www.ontarioohio.org

IMPORTANT

BEFORE preparing your return: READ ALL GENERAL INFORMATION AND INSTRUCTIONS CAREFULLY.

AFTER preparing your return – Be sure the following requirements have been completed:

- **FILE YOUR RETURN BY APRIL 15th. If delinquent, late Filing Penalty and/or Interest Charges will be Assessed.**
- **ATTACH ALL REQUIRED FORMS** (W-2, 1099, or FEDERAL SCHEDULES) to verify all reported figures.
- **SIGN THE RETURN,** both Husband and Wife must sign a joint return.
- **INCLUDE PAYMENT OF ANY TAX DUE.** NONPAYMENT WILL INCUR PENALTY AND/OR INTEREST CHARGES.
- **COMPLETE THE DECLARATION OF ESTIMATED TAX** for the following year and include payment of the first installment. This must be done if you anticipate Taxable Income that will not be withheld.

If you have questions, call or visit our office at 555 Stumbo Road. Our telephone number is (419) 529-3045, our fax number is (419) 529-6132.

Sincerely,

Linda L. Stoodt, Treasurer
Sallie L. Neal, Income Tax Administrator

TAXABLE INCOME INCLUDES (but is not limited to)

1. Wages, salaries and other compensation.
2. Bonuses, tip income and severance pay.
3. Commissions, fees and other earned income.
4. Sick pay.
5. Employer supplemental unemployment benefits (SUB pay).
6. Employee contributions to retirement plans (Deferred Compensation).
7. Net rental income.
8. Net profits of business or profession, corporation, etc.
9. Income from partnerships, estates or trusts.
10. Ordinary gains and losses as reported on federal forms.
11. Reserve military pay – non active duty.

GENERAL INFORMATION

1. **WHO MUST FILE:** Every Ontario resident 18 years of age and older must file an Ontario Income Tax Return by April 15, unless exempt. Refer to the INDIVDUAL DECLARATION OF EXEMPTION form on the back page for all filing exemption categories. Every non-resident individual earning income in Ontario not subject to the withholding of Ontario income tax must also file an annual return. Every business entity (partnership, corporation, profession, fiduciary, trust, etc.), whether a resident or non-resident, that conducts a business in this municipality must file a return and pay tax on any net profit. Calendar year businesses must file on or before April 15th. Fiscal year businesses must file 120 days after the fiscal year-end.
2. **WHEN AND WHERE TO FILE RETURNS:** Taxpayers who end their year on December 31, must file on or before April 15th. Taxpayers on a fiscal or partial year basis, must file within 120 days following the end of such period. The return is to be filed with: **ONTARIO MUNICIPAL INCOME TAX, 555 STUMBO ROAD, MANSFIELD, OHIO 44906.**
3. **DECLARATION OF EXEMPTION RETURN:** To meet mandatory filing requirements, this form must be filed in lieu of the tax return –ONLY BY THOSE INDIVIDUALS WHO QUALIFY. This form must be filed by April 15th. (See instructions on last page.)
4. **TAX CREDIT:** Every individual resident taxpayer who has paid a municipal income tax to another Municipality shall be allowed a credit on the tax imposed by that municipality which shall not exceed the declared City of Ontario Income Tax Rate Credit in effect for the tax year. See Line 9(c) on the Income Tax Return for the Tax Credit Limit.
5. **EXTENSION OF TIME TO FILE:** A copy of the IRS extension must be received or postmarked by the due date of the return. The extension will be granted to the extent provided for under current State law. CAUTION: An extension of time to file does NOT give you an extension of time to pay. If no estimated tax payment has been made, a tentative payment on the tax due must accompany the extension request by using the application for extension found on the website www.ontarioohio.org.
6. **DECLARATION OF ESTIMATED TAX FOR THE FOLLOWING YEAR:** Every taxpayer who anticipates any taxable income or net profit not subject to total tax withholding shall file a Declaration of Estimated Tax. This declaration is to be filed with the Tax Department by April 15th, accompanied by payment of no less than one fourth of the total estimated tax.
7. **SIGNATURE:** Do not fail to sign and date your return. A tax return is not legally filed until signed by the taxpayer or a legally authorized agent.
8. **PENALTY AND INTEREST:** If this return is delinquent, compute penalty and interest. Refer to line 10b on your City Tax Return for applicable reason and rates.
9. **CHANGE IN TAX LIABILITY:** An amended Ontario return is required within three months of the determination of any changed tax liability resulting from Federal Audit Judicial Decision or other circumstance.
10. **PART YEAR RESIDENT:** Attach the computation of part year allocation, and indicate date of move to or from Ontario.

- FILE RETURN BY APRIL 15th.
- FILE DECLARATION BY APRIL 30th.
- INCLUDE PAYMENT OF TAX DUE.
- ATTACH W-2's, Federal Schedules of Income, if Ontario Schedules are not completed.

INCOME NOT SUBJECT TO CITY INCOME TAX

1. Interest or dividend income.
2. Pension and retirement income.
3. Social Security or poor relief.
4. State unemployment benefits (Not including SUB Pay).
5. Alimony.
6. Military pay allowances (by members of the Armed Forces of the United States) – active duty.
7. Earnings of persons under 18 years of age.
8. Capital gains and losses.

TAX RETURN INSTRUCTIONS

INDIVIDUALS

PAGE 1. COMPLETE NAME, ADDRESS, SOCIAL SECURITY #, AND STATUS BOX. List total wages on line 1 (attach W-2's). Include Deferred Compensation. Employee Contributions to Retirement Plans are Taxable. Follow remaining Line Instructions.

PAGE 2. IF YOU HAVE OTHER INCOME (income other than reported on form W-2) complete page 2, per line instructions, return to page 1, line 2 to compute tax due. Attach a copy of any Federal Schedules used, or 1099's.

Contact the Income Tax Department if you have questions, **419-529-3045.**

NET PROFITS – BUSINESS

CORPORATIONS, PARTNERSHIPS, S-CORPS, PROPRIETORSHIP, ESTATE & TRUSTS, ASSOCIATIONS, OTHER BUSINESS ENTITIES. Net profits determined on basis of information used for Federal Income Tax purposes, reconciled to city taxable income.

PAGE 1. COMPLETE NAME, ADDRESS, FED. ID #.

PAGE 2. FOLLOW LINE INSTRUCTIONS, THEN RETURN TO PAGE 1, LINE 2 TO COMPUTE TAX DUE. ATTACH COPIES OF APPLICABLE SCHEDULES.

SCHEDULE C – PROFIT/LOSS FROM BUSINESS/PROFESSION:
Use Ontario form or attach Federal Schedule C. If you operate more than one business, and maintain separate books, a copy of Schedule C should be attached for each business, and the total entered on line 18. A Tax Return must be filed if a Net Loss has been incurred for the tax year. Loss carryovers are not permitted.

SCHEDULE E – INCOME FROM RENTS:
(A City Income Tax Return must be Filed even if a Net Loss has been incurred.)
RESIDENTS of Ontario are subject to the City Income Tax on the net profit of all rental property, regardless of location.
NONRESIDENTS of Ontario are subject to tax on the portion of such net profit earned from property located in Ontario.
Attach Federal Schedule E, or complete Ontario Schedule E and enter total on line 19.

SCHEDULE H – OTHER INCOME:
Taxable income includes: income from estates, trusts and partnerships (if not paid by partnership entity), fees, tips, gifts, gaming, wagering, and employee business expenses not included on form W-2. Enter total on line 20.

BUSINESS LOSSES:
Losses from any business activity or occupation not subject to withholding under the ordinance may not be deducted from income received or tax withheld for services performed for an employer.

SCHEDULE X:
This Schedule is used to adjust the Federal Net Income to the Ontario Taxable Income.

SCHEDULE Y – BUSINESS ALLOCATION FORMULA:
For partnerships, corporations, fiduciaries, associations and nonresident business entities doing business within and outside Ontario, if actual records of their Ontario business are not maintained separately. If the taxpayer did not have a place of business outside Ontario during the filing period, the business allocation percentage is 100%.

SCHEDULE Z– PARTNERS DISTRIBUTIVE SHARE OF NET INCOME:
All partnerships and S-corporations must complete this section.

File With and Mail To:
ONTARIO MUNICIPAL INCOME TAX
555 Stumbo Road
Mansfield, Ohio 44906
Ph. (419) 529-3045 Fax (419) 529-6132

Make Checks and Money Orders Payable to:
ONTARIO MUNICIPAL INCOME TAX

☐ **Check here if name or address is incorrect – Make corrections below and explain.**

2007

JOINT/INDIVIDUAL/BUSINESS
CITY OF ONTARIO, OHIO INCOME TAX RETURN

For Jan. 1, 2007 – Dec. 31, 2007
or

Fiscal Period_____ **to**_____

– CALENDAR YEAR TAXPAYERS FILE ON OR BEFORE APRIL 15 –
FISCAL and PARTIAL YEARS FILE
WITHIN 120 DAYS of end of tax period

Check your status as a Taxpayer
☐ EMPLOYEE ☐ PROFESSIONAL
☐ PROPRIETOR ☐ PARTNER
☐ CORPORATION ☐ LANDLORD

Nature of Business or Occupation

Did you have employees in 2006
YES ☐ NO ☐

QUESTIONS BELOW MUST BE ANSWERED

Were you a resident of Ontario the entire year?
YES ☐ NO ☐

If no, was resident from_____/_____to_____/_____
MO. DAY MO. DAY

If you rent, please give complete name and address of landlord:
Name_____
Address_____

Note: Extension of Time To File Application must be filed with the City by the original City Filing deadline date.

NAME AND ADDRESS HERE

Account Number

(TAXPAYER) Soc. Sec. No. (SPOUSE) Soc. Sec. No.

Business Fed. I.D. No.

1. **Total W-2 Wages** (Must Attach all W-2's, etc. To Verify)		$
2. **Other Income** from Line 21 Page 2. **LOSSES CANNOT BE DEDUCTED FROM W-2 WAGES** (Attach All Federal Schedules, 1099's To Verify)		$
3. **2106 Expenses** (Attach documentation)		$
4. **Total Income** (Total of Lines 1 and 2 or per Federal Return attached) - Go to line 6 if this is your only taxable income		$
5a. Items not deductible from Line M Schedule X	Add	
b. Items not taxable from Line Z Schedule X	Deduct	
c. Difference between Lines 4a, and 4b, to be added to or subtracted from Line 3		
6a. Adjusted Net Income (Line 3 plus or minus 4c.) **LOSS CARRYOVERS ARE NOT PERMITTED**		
b. Amount allocable to Ontario if Schedule Y Page 2 is used (_____% of Line 5a)		
7. **Amount subject to Ontario Income Tax** (Line 3 or 5a or 5b) (Must attach ALL Supporting Documents To Verify This Amount)		$
8. **Ontario Income Tax 1% –** Multiply Line 7 by 1% (Enter Here ➜)		$
9. **Credits** (A) Ontario Tax withheld by employer(s) from W-2's	$	
(B) Payments on Declaration of Estimated Tax for 2007 and/or overpayment from Prior Year Return	$	
(C) Income Taxes Paid Other City(s) of_____. (Tax Credit cannot exceed 1% of gross earnings in other city(s) – Tax Credit cannot exceed Tax Liability Shown on Line 8)	$	
(T) **Total Credits Allowable** – From Lines 9 (A) (B) (C) (Enter Here ➜)		$
10a. **BALANCE OF TAX DUE** (Line 8 Less Line 9T) (No payment or refund for amount under $3.00) (If overpayment – Complete Line 12)		$
b. **PENALTY** ($35.00) for late filing or non-payment **Interest** (1½% per Month) on any unpaid Line 10a Tax balance after original Due Date		$
11. **AMOUNT PAYABLE TO ONTARIO MUNICIPAL INCOME TAX** (Payment in full must accompany this form) **Pay This Amount**		$
12. Overpayment claimed $ refund ☐ credit to 2008 Declaration ☐ (To Line 4A. Below)		

(No Credit To Next Year If Overpayment Under $3.00)

FOR OFFICE USE ONLY
Full Pmt. ☐ **Prtl. Pmt.** ☐ **No Pmt.** ☐

ATTACH ALL W-2 COPIES HERE

DECLARATION OF ESTIMATED TAX FOR 2008

(Must be Completed if Taxable Income or Net Profit will not be subject to Total Tax Withholding.)
NOTE: See "General Information" Instructions on preceding page – Item #6

1. Total estimated income subject to tax $_____. Multiply by tax rate 1 percent for gross tax total	$
2. Less any estimated tax to be withheld	$
3. **Balance of Ontario City Income Tax declared** (Enter Here ➜)	$
4. Less credits: A. Overpayment (From Line 12 Above)	$
B. Previous payment(s)	$
5. **Unpaid balance of net tax due** (Enter Here ➜)	$
6. **Attach check or M.O. for amount due** (At least 22½% of Line 5 Payable with Tax Return Filing) **Estimate - Pay This Amount** (Note: Remaining quarterly balances will be billed.)	$

IF PAYING AN ESTIMATE—PAY THIS AMOUNT IN ADDITION TO LINE 10 ABOVE. → **Total Paid** $

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 where applicable. This Tax Return is Not Legally filed if not signed by the Taxpayer(s) or a legally Authorized Agent.

Signature of Person Preparing if Other Than Taxpayer | Date | Signature of Taxpayer or Agent | Date

Address of Firm or Preparer | Signature of Spouse (If filing Jointly) | Date

IMPORTANT NOTICE: If you file this return in person at the Tax Office, bring both copies.

INCOME TAX OFFICE COPY

IF COPY OF FEDERAL RETURN AND SCHEDULES ARE ATTACHED OMIT THIS PAGE (EXCEPT WHEN SCHEDULE X AND/OR Y ARE USED)
LOSS CARRYOVER IS NOT ALLOWED

Business Name _____ **Business Address** _____

SCHEDULE C – PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION

1. TOTAL RECEIPTS, LESS ALL ALLOWANCES, REBATES AND RETURNS ..... $ _____
2. LESS Cost of Labor $_____ Material, supplies and other costs $_____ ..... _____
3. GROSS PROFIT FROM SALES, ETC., (line 1 less line 2) ..... $ _____
4. DIVIDENDS $_____: INTEREST $_____: ROYALTIES $_____ ..... _____
5. RENTS RECEIVED, IF CONNECTED WITH TRADE OR BUSINESS ..... _____
6. OTHER BUSINESS INCOME (specify discounts, rebates, etc.) ..... _____
7. **TOTAL BUSINESS INCOME BEFORE DEDUCTIONS** ..... $ _____

BUSINESS DEDUCTIONS

8. Advertising and Promotion ..... $ _____
9. Auto, truck and travel ..... _____
10. Bad debts ..... _____
11. Interest on Business indebtedness ..... _____
12. a. Income taxes on business ..... _____
    b. Other business taxes ..... _____
13. a. Compensation of Officers ..... _____
    b. Salaries and Wages ..... $ _____
    c. Payment to partners ..... _____
14. Depreciation, Amortization ..... _____
15. Rents (Paid to) _____ _____
16. Other (List if over 10 percent of Line 17) ..... _____
17. **Total Business Deductions** ..... $ _____
18. **Net Profit or Loss from Business** (Line 7 less line 17 - If Loss, enter "0") ..... $ _____

SCHEDULE E – INCOME FROM RENTS (If not included in Schedule C)
(Attach statement explaining columns (C), (D), and (E)

(A) Kind & location of property	(B) Amount of Rent	(C) Depreciation	(D) Repairs	(E) Other Expenses	(F) Net Income (or loss)

19. TOTAL SCHEDULE E NET INCOME (If Loss, enter "0") ..... $ _____

SCHEDULE H – OTHER INCOME NOT INCLUDED IN SCHEDULES C OR E

INCOME FROM PARTNERSHIPS, ESTATES & TRUSTS: FEES, TIPS, GAMING, WAGERING, ETC.
(Do Not Include Interest, Dividends, Insurance and Soc. Sec.)

Received From	For (describe)	Amount

20. TOTAL INCOME SCHEDULE H ..... $ _____

21. TOTAL SCHEDULES C, E, & H. ENTER ON LINE 2 PAGE 1 ..... $ _____

FOR BUSINESS ACCOUNTS - 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 earned or accrued	_____
c. City or State Income Taxes Paid or Accrued	_____	p. Dividends (less Federal exclusion)	
d. Withdrawals by Owner	_____	q. Income from Patents and Copyrights	_____
e. Payments to Partners	_____	r. Other income exempt from Ontario Income Tax (explain)	_____
f. Other Deductions Not allowable (explain)	_____		_____
	_____		_____
m. **Total Additions** (enter on Line 4a page 1)	_____	z. **Total Deductions** (enter on Line 4b page 1)	_____

SCHEDULE Y – BUSINESS ALLOCATION FORMULA

	a. Located Everywhere	b. Located in Ontario	c. Percentage (b ÷ a)
STEP 1. Average Value of Real & Tangible Personal Property	_____	_____	
Gross Amount 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, Etc. Paid	_____	_____	_____ %
4. Total Percentages			_____ %

5. **Average Percentage** (Divide Total Percentages by Number of Percentages Used - Carry to Line 5b Page 1 ..... _____ %

SCHEDULE Z – PARTNERS' / LLCS' / LLPS' DISTRIBUTIVE SHARES OF NET INCOME

1. Name of each partner	2. Address	3. Distributive Shares of Partners: Percent	3. Distributive Shares of Partners: Amount	4. Other Payments	5. Taxable Percentage	6. Amount Taxable
(a)			$	$		$
(b)						
(c)						
(d)						
7. **Totals** from Schedule C above.		100	$		xxxxxxxxx	

2007

----- INDIVIDUAL DECLARATION OF FILING EXEMPTION OF ONTARIO, OHIO CITY INCOME TAX RETURN -----

ONTARIO CITY ORDINANCE

Mandatory tax filing became effective January 1, 2003. All residents eighteen years of age and older shall file an Annual Return, notwithstanding whether Ontario Municipal Income Tax has been withheld by an employer or for any other reason, except in such cases when a Resident Qualifies for an Exemption.

If you qualify under one of the below listed categories, the filing of this declaration will satisfy your obligation as imposed by The Ontario City Income Tax Mandatory Filing Ordinance requiring the filing of an Income Tax Return.

If any of the categories shown below apply to any persons in your household, check the appropriate category, have all exempt individuals sign and file this form by April 15th. **Return this completed form by April 15th to:**

Ontario Municipal Income Tax, 555 Stumbo Road, Mansfield, Ohio 44906

NOTE: ONLY EXEMPT INDIVIDUALS SHOULD COMPLETE AND SIGN THIS EXEMPTION FORM.

(OTHERWISE YOU MUST FILE AN ANNUAL MUNICIPAL INCOME TAX RETURN)

I AM QUALIFIED TO FILE AN ONTARIO INCOME TAX EXEMPTION RETURN BECAUSE:

1._____Retired. No income subject to the Ontario City Income Tax for entire tax year of 2007. – I received only Social Security, Pension, Interest or Dividend Income. I do not own rental property. I am not self-employed.

Date retired:_____ Employer's Name:_____

2._____Unemployed. No earned income for the entire tax year of 2007.
3._____Homemaker 4._____Disabled 5._____Welfare 6._____ADC

7._____Had gross earnings of $300.00 or less for the entire tax year of 2007 (must attach documentation).

8._____A member of the Armed Forces of the United States for the entire year of 2007.
(This does not include civilians employed by the Military or National Guard.)

9._____Non-Resident. I never lived in Ontario, Ohio and I do not work in or receive income from Ontario, Ohio.

10._____I moved from Ontario, Ohio before this tax year and have no income subject to Ontario, Ohio City Income Tax.

Date moved:_____

I UNDERSTAND THAT I MUST FILE A CITY OF ONTARIO, OHIO TAX RETURN IF ANY OF THESE EXEMPT CONDITIONS CHANGE IN FUTURE YEARS.

I DECLARE THE INFORMATION SUPPLIED TO BE TRUE, CORRECT AND COMPLETE. ANY MISREPRESENTATION WILL BE IN VIOLATION OF THE CODIFIED ORDINANCES OF THE CITY OF ONTARIO, OHIO AND SUBJECT TO PENALTIES THEREIN IMPOSED.

Name _____ Exemption Category Number(s) _____
Please list exemption number(s) checked.

Address _____ Social Security Number _____

Exempt Person's Signature _____ Date _____ Age_____ Phone _____

Name _____ Exemption Category Number(s) _____
Please list exemption number(s) checked.

Address _____ Social Security Number _____

Exempt Person's Signature _____ Date _____ Age_____ Phone _____

Name _____ Exemption Category Number(s) _____
Please list exemption number(s) checked.

Address _____ Social Security Number _____

Exempt Person's Signature _____ Date _____ Age_____ Phone _____

PLEASE NOTE: Signature, Address and Social Security Number must be completed by each exempt individual.