	INDIVIDUAL	- 2014				
Tax Office Use Only : Tax Office Use Only :	INCOME TAX	RETURN				
TOTAL TAX LIABILITY	SHELB	Y	Taxpayer's Social Security No.			
TOTAL TAX	ATTACH ALL COPIES C		Home Telephone N	0.	Business Telepho	one No.
PAID W/ RETURN	AND FEDERAL SO TAXES WITHHELD FRO	M OTHER CITIES	Spouse's Social Security No.			
CHECK #	LIMITED TO 1.0	0% ONLY.	Spouse's Name			
			Home Telephone N	0.	Business Telepho	one No.
Name		Filing Status			OU HAVE MOVED I	
And		□ Single		INTO	YEAR - GIVE DATE /	/
		□ Married filing joint	LI NON-RESIDENT	OUT O	DF /	1
Address		IF YOU REI	NT, PLEASE GIVE LANDLO	RDS INF	ORMATION	
		NAME				
		ADDRESS				
Income	lies Boy 5 or	·				
1 Wages, salaries, etc.	Use Box 5 or Largest Wage	1				
2 Other taxable income from Worksheet B	Amount on W2	2				
3 Total taxable income (add lines 1 and 2) Tax and Credits				3	i	
4 Shelby tax due before credits (1.50% of line 3)				4		
5 Estimated tax payments made to Shelby)	5		4		
6 Taxes withheld and paid to Shelby - (DO NOT						
7 Overpayment from prior year(s)	INCLUDE SCHOOL TAX 3D 7000	7				
8 Taxes withheld and paid to other localities (Ma	winum Cradit 1 00%	8				
		0		9		-
9 Total credits (add lines 5 through 8)				9	,	
Refund (Issued if tax due is greater than) 10 If line 9 is greater than line 4, subtract line 4 fr	om line 0. This is the amount you a	worpoid		10	<u>، ا</u>	
-				10	,	
11 Amount of line 10 to be credited to next years		11				
12 Amount of line 10 to be refunded (\$5.00 or gre		12				
Tax Due (Issued if tax due is greater than)	n 4 this is the tay amount you awa			13	,	
13 If line 4 is more than line 9, subtract line 9 from	· · · · ·	;		13		
14 Penalties and interest Late File / Pay	Interest			14	·	
Declaration of Estimate for 2015		45				
15 Estimated taxable income		15		10		
16 Estimated tax due. (multiply line 15 by 1.50%		47		16	·	
17 Taxes to be withheld and paid to Shelby and o	·,	17 18				
18 Prior credit applied to estimated tax payments 19 Net estimated tax due (subtract line 17 & 18 fr	· ,	10		19	<u>، ا</u>	
20 Minimum amount due for first quarter (multiply	,	20		19	/	
Amount You Owe	ine 19 by .23)	20				
21 Total amount due (add lines 13 and 14)				21		
			MAKE CHECK (TO
			CITY OF SHELBY 1			10.
THE UNDERSIGNED DECLARES THAT THIS RETURN (AND ACC AND COMPLETE RETURN FOR THE TAXABLE PERIOD STATED						
SAME AS USED FOR FEDERAL INCOME TAX PURPOSES.			43 WEST MAIN STI	REET		
			SHELBY OH 44875	5		
Taxpayer's Signature	Date					
			Voice 419-342-58			93
Spouse's Signature	Date		Website v	vww.sh	nelbyohio.org	
Tax Preparer's Signature	Date					
(If other than taxpayer) Phone No						

We, the taxpayer, elect to authorize a return preparer to communicate with the tax administrator about matters pertaining to this return. By making this election, we, the taxpayer, authorizes the tax administrator to contact the return preparer concerning questions that arise during the processing of the return and authorizes the return preparer only to provide the administrator with information that is missing from the return, to contact the administrator for information about the processing of the return or the status of the taxpayer's refund or payments, and to respond to notices about mathematical errors, offsets, or return preparation that the taxpayer has received from the administrator and has shown to the return preparer.

WORKSHEET A - SALARIES AND WAGES (W-2 INCOME)

Column 1	Column 2	Column 3	Column 4	Column 5
Employer, City, State	Income From Each W-2	2106 Expenses, If Any	Shelby Tax Withheld	Other City Tax Withheld*
Α.				
В.				
С.				
D.				
Ε.				
F.				
G.				
Η.				
Ι.				
Totals				
ENTER ON:	Line 1	Line 2	Line 6	Line 8

* Other City Tax Withheld (Column 5) cannot exceed 1.00% of Income from Each W-2 (Column 2)

Income Reduced by 2106 and earned in another city must also reduce the tax withheld for that city by the same percentage.

If 2106 expenses, please include copy of federal forms 2106, 1040, and Schedule A

WORKSHEET B - OTHER INCOME

1. Schedule C (If taxes paid to other cities, attach other cities' returns)

(A)	(B)	(C)	(D)	(C times D)
Business Name	Business Address	Net Profit/(Loss)	Allocation Percentage	Amount Subject to Tax
Α.				
В.				

TOTAL (1) \$	
---------------------	--

TOTAL (2) <u>\$____</u>

2. Schedule E - Income From Rents (Attach Federal Schedule E)

3. Schedule O - Other Income Not Included in Schedules C or E (Attach Federal Schedules)

|--|

Received From Name/ID #	For (Description and/or Location)	Amount
Α.		
В.		

TOTAL (3) <u>\$</u>

TOTAL OTHER INCOME (Add lines 1-3)
Enter on Final Return Line 2

NOTE: The net loss from an unincorporated business activity may not be used to offset salaries, wages, commissions or other compensation. However, if a taxpayer is engaged in two or more taxable business activities to be included on the same return, the net loss of one unincorporated business activity may be used to offset the profits of another for purposes of arriving at overall net profits. [Final Return Line 4 Cannot Be Less Than Zero, If You Have W-2 Income]

WORKSHEET C

NOTE: IF YOU ARE EXEMPT- STOP HERE, SIGN, DATE AND MAIL YOUR RETURN	
□ SOCIAL SECURITY □ PENSION* *VERIFICATION REQUIRED	
□ I HAD NO TAXABLE INCOME IN 2014 □ ACTIVE MILITARY* □ UNEMPLOYED □ DISABLED	
LI AM UNDER 18 YEARS OF AGE - BIRTH DATE VERIFICATION IS NEEDED.	If Applicable
LI AM RETIRED AND HAVE NO TAXABLE INCOME - DATE RETIRED TAXPAYER	_ SPOUSE
I AM EXEMPT BECAUSE:	

DECLARATION OF ESTIMATED TAX FOR YEAR 2015

	OUE APRIL 15, 2015	
	SOC. SEC. #	
ADDRESS		
1) Total income subject to tax \$	(Multiply by .0150)\$	
2) Less income tax withheld by other cit	ty (Credit limited to .67%)	
)\$	
•	\$	
	not refunded)\$	
6) 1st payment amount (line 4 minus line	e 5)\$	
		CUT LINE
VOUCHER # 2 - DUE JUI	LY 31, 2015	
NAME	SOC. SEC. #	
1) Devenant analogod	\$ 2) Check #	
	\$ 1) Remaining Balance \$	
3) Prior amount paid	\$ 4) Remaining Balance \$ Phone #	
3) Prior amount paid Contact person	Phone #	
3) Prior amount paid Contact person SEND PAYMENT TO: CIT	Phone # Y OF SHELBY, INCOME TAX DEPT., 43 W. MAIN ST. OHIO 44875 PHONE# (419) 342-5885	
3) Prior amount paid Contact person SEND PAYMENT TO: CIT	Phone # Y OF SHELBY, INCOME TAX DEPT., 43 W. MAIN ST. OHIO 44875 PHONE# (419) 342-5885	
3) Prior amount paid Contact person SEND PAYMENT TO: CIT SHELBY, O VOUCHER # 3 - DUE OC	Phone # Y OF SHELBY, INCOME TAX DEPT., 43 W. MAIN ST. OHIO 44875 PHONE# (419) 342-5885 TOBER 31, 2015	
3) Prior amount paid Contact person SEND PAYMENT TO: CIT SHELBY, O VOUCHER # 3 - DUE OC' NAME	Phone #	
3) Prior amount paid Contact person SEND PAYMENT TO: CIT SHELBY, O VOUCHER # 3 - DUE OC' NAME ADDRESS	Phone #	CUT LINE
 3) Prior amount paid Contact person SEND PAYMENT TO: CIT SHELBY, O VOUCHER # 3 - DUE OC NAME ADDRESS 1) Payment enclosed 	Phone #	CUT LINE
 3) Prior amount paid Contact person SEND PAYMENT TO: CIT SHELBY, O VOUCHER # 3 - DUE OC' NAME ADDRESS 1) Payment enclosed 3) Prior amount paid 	Phone #	CUT LINE
 3) Prior amount paid Contact person SEND PAYMENT TO: CIT SHELBY, Orgon of the second strength of	Phone #	CUT LINE
 3) Prior amount paid Contact person SEND PAYMENT TO: CIT SHELBY, Or SHELBY, Or NAME ADDRESS 1) Payment enclosed 3) Prior amount paid Contact person SEND PAYMENT TO: CIT SEND PAYMENT PAYM	Phone #	CUT LINE
 3) Prior amount paid Contact person SEND PAYMENT TO: CIT SHELBY, Or SHELBY, Or NAME ADDRESS 1) Payment enclosed 3) Prior amount paid Contact person SEND PAYMENT TO: CIT SEND PAYMENT PAYM	Phone #	CUT LINE
 3) Prior amount paid Contact person SEND PAYMENT TO: CIT SHELBY, Or SHELBY, Or NAME ADDRESS 1) Payment enclosed 3) Prior amount paid Contact person SEND PAYMENT TO: CIT SEND PAYMENT PAYM	Phone #	CUT LINE
 3) Prior amount paid	Phone #	CUT LINE

 1) Payment enclosed\$______
 2) Check #______

 3) Prior amount paid\$______
 4) Remaining Balance \$______

 Contact person______
 Phone #_______

SEND PAYMENT TO: CITY OF SHELBY, INCOME TAX DEPT., 43 W. MAIN ST. SHELBY, OHIO 44875 PHONE# (419) 342-5885

WHO MUST FILE

All residents of the City of Shelby, 18 years of age or older, are required to file.

A non-resident having income in the City of Shelby from which city income tax has not been withheld and/or who is engaged in a business or profession in Shelby or owns rental property located in Shelby.

All companies located in or doing business in Shelby.

WHEN AND WHERE TO FILE

By April 15.

Mail completed return with all W-2s, 1099 misc. forms, and federal schedules applicable to:

SHELBY CITY INCOME TAX

43 WEST MAIN STREET, SHELBY, OHIO 44875 419-342-5885

FILING EXTENSIONS

Send a copy of your federal extension by April 15, and we will grant an extension of time not to exceed 6 weeks beyond the time granted by the IRS. If we do not receive a copy of the extension you will be considered delinquent and charged penalty and interest as shown on the return. Extensions will not be granted, if your account is in any way delinquent.

NET LOSSES

If a net loss has been incurred for the tax year a return must still be filed. Loss carry forwards are not permitted.

REFUNDS

If any taxpayer has paid more tax than the City is entitled to, a refund of the overpayment will be made, provided a proper claim for refund is filed. The net loss from an unincorporated business may not be used to offset salaries, wages, commissions and other compensation. Amount under \$5.00 will not be refunded.

MISCELLANEOUS

- 1. Payments to the City of under \$5.00 do not have to be paid.
- 2. Double check your credit on line 5 of the return by calling 419-342-5885.
- 3. Cafeteria plans are no longer city taxable.
- 4. Contributions to 401Ks, IRAs or other deferred plans are not deductible.
- 5. SUB pay and sick pay are city taxable.

EXEMPT INCOME (non inclusive)

Unemployment Compensation (not including SUB pay). Social Security Payouts from pensions Military Pay (proof of military is required) Alimony Interest Dividends

EXEMPTION FOR TAXPAYERS

If your income is solely from a non-taxable source, please contact our tax office for exemption form.

INSTRUCTIONS FOR INCOME TAX RETURN

Married couples should file jointly. (Whether or not you do so for your Federal or State Returns) Enter name and address and social security number(s) or Federal ID No.

Taxpayer status - indicate how you are filing by marking one of the boxes.

Residency - indicate if you live in the City of Shelby; also if you moved into or out of the city during the year.

- Line 1 Total wages (include sub pay, sick pay & deferred income) (From Worksheet A)
- Line 2 Other taxable income (From Worksheet B)
- Line 3 Total Lines 1 & 2 Losses on Line 2 cannot offset losses on Line 1
- Line 4 Shelby Income Tax 1.50%
- Line 5 Estimated tax payments made to Shelby
- Line 6 Taxes withheld and paid to Shelby (DO NOT INCLUDE SCHOOL TAX SD 7008)
- **Line 7** Overpayment from prior years
- Line 8 Taxes withheld and paid to other localities maximum credit 1.00%
- Line 9 Total credits add lines 5 through 8
- Line 10 Amount overpaid
- Line 11 Amount of Line 10 credited to next year estimate
- Line 12 Amount to be refunded (\$5.00 or greater)
- Line 13 Amount of tax owed
- Line 14 Late File/Pay Penalties \$50.00 Interest 1½% compounded monthly

DECLARATION OF ESTIMATE

(Line 16 - 20) self-explanatory

Line 21 Total amount due (add lines 13 and 14)



WORKSHEET C - EXEMPTION (Check correct boxes and return signed form)

SIGN FORM AND ATTACH ALL W2S, 1099 MISC AND FEDERAL SCHEDULES

Use Box 5 or Largest Wage Amount on W2