

**INDIVIDUAL -
INCOME TAX RETURN
SHELBY**

**ATTACH ALL COPIES OF W-2'S, 1099'S,
AND FEDERAL SCHEDULES
TAXES WITHHELD FROM OTHER CITIES
LIMITED TO ONLY.**

Tax Office Use Only : Tax Office Use Only :	
TOTAL TAX LIABILITY _____	
TOTAL TAX PAID W/ RETURN _____	
CHECK # _____	
CASH _____	

Taxpayer's Social Security No. _____	
Home Telephone No. _____	Business Telephone No. _____
Spouse's Social Security No. _____	
Spouse's Name _____	
Home Telephone No. _____	Business Telephone No. _____
Filing Status <input type="checkbox"/> Single <input type="checkbox"/> Married filing joint	
<input type="checkbox"/> RESIDENT <input type="checkbox"/> NON-RESIDENT	IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES INTO / / OUT OF / /
IF YOU RENT, PLEASE GIVE LANDLORDS INFORMATION NAME _____ ADDRESS _____	

Name _____
And _____
Address _____

Income	Use Box 5 or Largest Wage Amount on W2	1 _____	3 _____
1 Wages, salaries, etc.		2 _____	
2 Other taxable income from Worksheet B			
3 Total taxable income (add lines 1 and 2)			

Tax and Credits			
4 Shelby tax due before credits (of line 3)			4 _____
5 Estimated tax payments made to Shelby	5 _____		
6 Taxes withheld and paid to Shelby - (DO NOT INCLUDE SCHOOL TAX SD 7008)	6 _____		
7 Overpayment from prior year(s)	7 _____		
8 Taxes withheld and paid to other localities (Maximum Credit)	8 _____		
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 from line 9. This is the amount you overpaid			10 _____
11 Amount of line 10 to be credited to next years estimate	11 _____		
12 Amount of line 10 to be refunded (or greater)	12 _____		

Tax Due (Issued if tax due is greater than)			
13 If line 4 is more than line 9, subtract line 9 from 4, this is the tax amount you owe			13 _____
14 Penalties and interest Late File / Pay _____ Interest _____			14 _____

Declaration of Estimate for			
15 Estimated taxable income	15 _____		
16 Estimated tax due. (multiply line 15 by)			16 _____
17 Taxes to be withheld and paid to Shelby and other localities (Limit)	17 _____		
18 Prior credit applied to estimated tax payments (From line 11)	18 _____		
19 Net estimated tax due (subtract line 17 & 18 from 16)			19 _____
20 Minimum amount due for first quarter (multiply line 19 by .25) <i>Law requires a minimum of .225</i>	20 _____		

Amount You Owe			
21 Total amount due (add lines 13 and 14)			21 _____

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.

Taxpayer's Signature _____	Date _____
Spouse's Signature _____	Date _____
Tax Preparer's Signature _____	Date _____
(If other than taxpayer) Phone No. _____	

MAKE CHECK OR MONEY ORDER TO:
CITY OF SHELBY TAX DEPT.

43 WEST MAIN STREET
SHELBY OH 44875

Voice 419-342-5885 Fax 419-347-1193
WWW.SHELBYOHIO.ORG

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, Attach Schedule A	Shelby Tax Withheld	Other City Tax Withheld* Limit
A.				
B.				
C.				
D.				
E.				
F.				
G.				
H.				
I.				
Totals				

ENTER ON:

Line 1

Line 2

Line 6

Line 8

* Other City Tax Withheld (Column 5) cannot exceed _____ 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
A.				
B.				

TOTAL (1) \$ _____

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

TOTAL (2) \$ _____

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

Income from Partnerships, Estates, Trusts, Fees, Etc.

Received From Name/ID #	For (Description and/or Location)	Amount
A.		
B.		

TOTAL (3) \$ _____

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

I AM EXEMPT BECAUSE:

- I AM RETIRED AND HAVE NO TAXABLE INCOME - DATE RETIRED _____ TAXPAYER _____ SPOUSE _____
 I AM UNDER 18 YEARS OF AGE - BIRTH DATE _____ VERIFICATION IS NEEDED. If Applicable
 I HAD NO TAXABLE INCOME IN _____
 ACTIVE MILITARY* UNEMPLOYED DISABLED
 SOCIAL SECURITY PENSION* *VERIFICATION REQUIRED

NOTE: IF YOU ARE EXEMPT- STOP HERE, SIGN, DATE AND MAIL YOUR RETURN.

EXEMPTION