

YOUNGSTOWN INCOME TAX RETURN

FORM R FILE WITH
CITY OF YOUNGSTOWN
INCOME TAX
3rd FLOOR CITY HALL
P.O. BOX 539
YOUNGSTOWN, OHIO 44501
PHONE: 330-742-8745

2¾%

FOR THE CALENDAR YEAR

OR FISCAL PERIOD

2003

TO

2¾%

**MAKE CHECK OR MONEY ORDER PAYABLE TO:
CITY OF YOUNGSTOWN**

FOR TAX OFFICE USE ONLY

TAX OFFICE PHONE 742-8745

DATE OF AUDIT

AMOUNT PAID WITH THIS RETURN

AUDITED BY

CASH MONEY ORDER
 CHECK

APPROVED BY

CHECK NO. _____

\$5.00 PENALTY FOR LATE FILING AND PAYMENT

ACCOUNT NUMBER

DUE ON OR BEFORE

FISCAL YEAR

YOUR BUSINESS
OR PROFESSION

HOME OR BUS.
TEL. NO.

SOCIAL SECURITY NUMBERS

EMPLOYER IDENTIFICATION

IF NAME OR ADDRESS IS INCORRECT, MAKE THE NECESSARY CHANGES.

IMPORTANT →

HAS YOUR FEDERAL TAX LIABILITY FOR A PRIOR YEAR BEEN CHANGED IN THE YEAR COVERED BY THIS RETURN AS A RESULT OF AN EXAMINATION BY THE INTERNAL REVENUE SERVICE? YES NO
IF YES, HAS AN AMENDED YOUNGSTOWN RETURN BEEN FILED FOR SUCH YEAR OR YEARS? YES NO
HAVE YOU FILED WITH US BEFORE? YES NO DATE MOVED IN _____ DATE MOVED OUT _____

IF YOUR ONLY SOURCE OF INCOME IS FROM WAGES, FILL IN THIS SECTION AND LOWER OUTLINED SECTION

1. ENTER TOTAL COMPENSATION RECEIVED BEFORE ANY PAYROLL DEDUCTIONS. IF THIS IS YOUR ONLY SOURCE OF INCOME, DISREGARD LINES 2 THRU 6 AND COMPUTE YOUR TAX ON LINE 7.

EMPLOYER'S NAME (Attach forms W2 to back) A.	WHERE EMPLOYED B.	YOUNGSTOWN TAX WITHHELD C.	TAXES PAID OTHER CITY D.	WAGES ETC. E.	ATTACH W-2 (s) TO BACK SIDE
		\$	\$	\$	
1a. TOTAL: IF NO OTHER TAXABLE INCOME, COMPUTE YOUR TAX ON LINE 7.		\$	\$	TOTAL WAGES, ETC.	

ATTACH W2'S TO BACK

2. INCOME OTHER THAN WAGES FROM PAGE 2 (SEE NOTE ABOVE)*	\$
3. TOTAL INCOME (TOTAL LINES 1 AND 2 OR PER FEDERAL RETURN ATTACHED)	\$
4. (a) ITEMS NOT DEDUCTIBLE (FROM LINE m SCHEDULE X BELOW) ADD	\$
(b) ITEMS NOT TAXABLE (FROM LINE z SCHEDULE BELOW) DEDUCT	\$
(c) ENTER EXCESS OF LINE 4a OR 4b	\$
5. (a) ADJUSTED NET INCOME (LINE 3, PLUS OR MINUS 4c) IF SCHEDULE X IS USED	\$
(b) AMOUNT ALLOCABLE TO YOUNGSTOWN IF SCHEDULE Y, PAGE 2 IS USED % OF LINE 5a	\$
(c) NET INCOME AFTER NET LOSS ADJUSTMENT (PER SCHEDULE ATTACHED)	\$
6. AMOUNT SUBJECT TO MUNICIPAL INCOME TAX (LINES 1a, 5a, 5b, 5c)	\$

INCOME

7. MUNICIPAL INCOME TAX-2.75%	\$
8. CREDITS (a) YOUNGSTOWN INCOME TAX WITHHELD BY EMPLOYERS	\$
(b) INCOME TAX PAID OTHER MUNICIPALITIES (NOT TO EXCEED 2¾%)	\$
(c) PAYMENTS ON 2003 DECLARATION OF ESTIMATED TAX	\$
(d) TOTAL CREDITS ALLOWED OR PAID ON PRIOR RETURN IF THIS IS AN AMENDED RETURN	\$
9. BALANCE DUE (LINE 7 LESS 8d) REMITTANCE PAYABLE TO "CITY OF YOUNGSTOWN INCOME TAX" MUST ACCOMPANY THIS RETURN	\$
(a) OVERPAYMENT CLAIMED (IF LINE 8 EXCEEDS LINE 7 ENTER DIFFERENCE HERE)	\$
ENTER AMOUNT OF LINE 9a YOU WANT CREDITED TO YOUR 2004 ESTIMATED TAX \$ _____ REFUNDED \$ _____	
10. PENALTY \$ _____ INTEREST \$ _____ ENTER AMOUNT OF PENALTY PLUS INTEREST HERE	\$
11. TOTAL AMOUNT DUE-PAY IN FULL WITH THIS RETURN	\$

CREDITS

SCHEDULE X. - RECONCILIATION WITH FEDERAL INCOME TAX RETURN

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
a. CAPITAL LOSSES (From Federal Schedule D)	\$	n. CAPITAL GAINS (Exclusive of Gains treated as Ordinary Income for Federal Income Tax purposes. Attach Federal Schedule D)	\$
b. EXPENSES APPLICABLE TO NON-TAXABLE INCOME (not less than 5% of line Z)		o. INTEREST EARNED OR ACCRUED	
c. INCOME TAXES (Federal-State-Municipalities)		p. DIVIDENDS	
d. SICK PAY EXCLUSIONS OMITTED IN LINE 1 ABOVE		q. INCOME FROM PATENTS AND COPYRIGHTS	
e. CONTRIBUTIONS (In excess of 5% of net profits)		r. OTHER (Explain)	
f. PAYMENTS TO PARTNERS or Compensation of Officers Subchapter S Corporation		z. TOTAL DEDUCTIONS (ENTER ON LINE 4b)	\$
g. OTHERS (Explain)			
h.			
m. TOTAL ADDITIONS (ENTER ON LINE 4a)	\$		

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.

SIGNATURE OF PERSON PREPARING, IF OTHER THAN TAXPAYER

DATE

SIGNATURE OF TAXPAYER OR AGENT

DATE

ADDRESS OR NAME AND ADDRESS OF FIRM OR EMPLOYER

TITLE

NOTE: IN ORDER TO INSURE PROPER CREDIT PLEASE INSERT NAME OR BUSINESS NAME AND ACCOUNT NUMBER IF NOT IMPRINTED ON THIS RETURN

NO REFUND/REMITTANCE DUE, IF LESS THAN \$1.00
MAIL THIS COPY TO CITY OF YOUNGSTOWN, INCOME TAX, CITY HALL, P.O. BOX 539, YOUNGSTOWN, OHIO 44501

TAX OFFICE COPY

SCHEDULE C-PROFIT (Or Loss) FROM BUSINESS OR PROFESSION

IF BUSINESS NAME AND ADDRESS IS DIFFERENT FROM THAT SHOWN ON PAGE 1, INDICATE BELOW

Business Name _____ Business Address _____

1. TOTAL RECEIPTS, LESS ALLOWANCES, REBATES AND RETURNS \$ _____

2. LESS: (a) Cost of Goods Sold, or (b) Cost of Operations, whichever is applicable (INDICATE LABOR CHARGES INCLUDED)\$ _____

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) \$ _____

7. TOTAL BUSINESS INCOME BEFORE DEDUCTIONS \$ _____

BUSINESS DEDUCTIONS

8. DEPRECIATION (Attach schedule) AMORTIZATION AND DEPLETION	\$ _____	13. LEGAL AND PROFESSIONAL FEES	\$ _____
9. TAXES (Attach schedule)	\$ _____	14. SUBCONTRACTS PER DETAILED LIST ATTACHED	\$ _____
10. RENTS (Paid to ATTACH #1099)	\$ _____	15. RETIREMENT PLAN (Employees)	\$ _____
11. REPAIRS (Attach schedule)	\$ _____	16. INTEREST ON BUSINESS INDEBTEDNESS	\$ _____
12. (a) COMPENSATION OF OFFICERS	\$ _____	17. BAD DEBT (From sales and service-accrual basis)	\$ _____
(b) SALARIES & WAGES (Not deducted elsewhere)	\$ _____	18. ADVERTISING AND PROMOTION	\$ _____
(c) PAYMENTS TO PARTNERS	\$ _____	19. AUTO, TRUCK AND TRAVEL (ATTACH FED. #2106)	\$ _____
(d) COMMISSIONS PER ATTACHED 1099 MISC.	\$ _____	20. INSURANCE	\$ _____
		21. OTHER DEDUCTIONS (Attach schedule)	\$ _____

22. TOTAL BUSINESS DEDUCTIONS (Lines 8 to 21) \$ _____

23. NET PROFIT (or loss) FROM BUSINESS OR PROFESSION (Line 7 minus Line 22) \$ _____

SCHEDULE E-

1. KIND AND LOCATION OF PROPERTY	2. AMOUNT OF RENT	3. DEPRECIATION	4. REPAIRS	5. OTHER EXPENSES	6. NET INCOME (or loss)	RENTAL AMOUNT PER MONTH
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	

SCHEDULE H-OTHER INCOME NOT INCLUDED IN SCHEDULES C OR G

INCOME FROM PARTNERSHIPS, ESTATES, TRUSTS, FEES CAPITAL GAINS, ETC.

RECEIVED FROM	FOR (DESCRIBE)	AMOUNT
		\$ _____
		\$ _____
		\$ _____

TOTAL INCOME SCHEDULE H \$ _____

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

SCHEDULE Y-BUSINESS ALLOCATION FORMULA (See Instructions)

	A. Located Everywhere	B. Located in Youngstown	C. Percentage (B+A)
Step 1. Average value of real and tangible personal property	\$ _____	\$ _____	
Gross annual rentals multiplied by 8	\$ _____	\$ _____	_____ %
Total step 1	\$ _____	\$ _____	_____ %
Step 2. Total wages, salaries, commissions and other compensations of all employees	\$ _____	\$ _____	_____ %
Step 3. Gross receipts from sales and work or services performed	\$ _____	\$ _____	_____ %
Step 4. Total percentages			_____ %
Step 5. Average percentage (Divide total percentages by number of percentages used—enter on line 5b, Page 1			_____ %

SCHEDULE Z-PARTNER'S DISTRIBUTIVE SHARE OF NET INCOME

1. NAME AND ADDRESS OF EACH PARTNER	2. Resident		3. Distributive Shares of Partners		4. Other Payments	5. Taxable Percentage	6. Amount Taxable
	Yes	No	Percent	Amount			
(a)			%	\$	\$	%	\$
(b)			%	\$	\$	%	\$
(c)			%	\$	\$	%	\$
(d)			%	\$	\$	%	\$
7. TOTALS FROM SCHEDULE C ABOVE			100%	\$	\$		\$