

20

PORTSMOUTH INCOME TAX RETURN
PORTSMOUTH CITY INCOME TAX DIVISION
P.O. BOX 1323
PORTSMOUTH, OHIO 45682, PHONE (740) 353-3111
FOR THE CALENDAR YEAR OR OTHER

20

PROCESSED BY

AUDITED BY

IF THE ADDRESS CAPTION IS NOT CORRECT
PLEASE MAKE NECESSARY CHANGES.

IF YOU DO NOT ANTICIPATE HAVING TAXABLE INCOME IN THE FUTURE, INDICATE
REASON ON YOUR DECLARATION AND WE WILL CLOSE YOUR ACCOUNT.

THIS RETURN IS FOR BOTH BUSINESS AND INDIVIDUALS.

TAXABLE PERIOD BEGINNING 20
AND ENDING 20

CALENDAR YEAR TAXPAYER'S FILE ON OR BEFORE APRIL 15.
FISCAL AND PARTIAL YEARS, FILE WITHIN 4 MONTHS FROM END OF PERIOD.

S.S./I.D.#

ACCT.#

NAME

ADDRESS
CITY

TAX OFFICE USE ONLY

PAID WITH THIS RETURN

FINAL RETURN \$

DECLARATION \$

TOTAL REMITTANCE \$

DATE RECEIVED

CASH CHECK MONEY ORDER

PORTSMOUTH INCOME TAX RETURN

1. Gross wages, salaries, tips and other compensation...
2. Profit or loss from business...
3. Adjustments: a. Reconciliation with Federal Return...
4. a. Total income...
5. Tax computation: Taxable income...
6. Credits: a. PORTSMOUTH TAX WITHHELD BY EMPLOYERS...
7. ADJUSTED PORTSMOUTH INCOME TAX...
8. Payments and Credits...
9. Balance...
10. Penalty: a. Late final return...
11. TAX DUE
12. Distribution of overpayment...

CALENDAR YEAR DECLARATION OF ESTIMATED PORTSMOUTH, OHIO CITY INCOME TAX

For the period from January 1, through December 31, File on or before April 15, Fiscal Period from through File within 4 months.

DECLARATION REQUIRED ONLY IF ESTIMATED TAX EXCEEDS \$200.00

13. Total income subject to tax...
14. Less expected tax credits...
15. Net Estimated Tax...
16. Less overpayment from line 12...
17. Balance...
18. Amount paid with this declaration...
19. AMOUNT ENCLOSED: TAX DUE...
1st. Qtr. TAX DUE

NOTE: 22.5% of declaration payment is due April 15,

MAKE CHECKS PAYABLE TO CITY OF PORTSMOUTH, INCOME TAX DIVISION.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct and complete.
Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

CHECK BOX TO ALLOW DISCUSSION DIRECTLY WITH YOUR PREPARER

DATE

SIGNATURE OF TAXPAYER

Phone No.

Taxpayer Social Security No.
F.I.D. No. (Business Only)

Signature of Tax Preparer

FORM R

SIGNATURE OF SPOUSE
(IF JOINT RETURN BOTH MUST SIGN)

TAX DEPARTMENT COPY

Phone No.

DATE

**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	_____	H. 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	_____	I. Interest Income	_____
C. all income taxes Paid or Accrued	_____	J. Dividends (less Federal Exclusion)	_____
D. Withdrawals by Owners or Payment to partners	_____	K. Income from Patents and copyrights	_____
E. Other Deductions Not Allowable (explain)	_____	L. Other income exempt from Portsmouth Tax (explain)	_____
F. Net operating loss carry-forward from Federal return	_____		_____
			_____
G. Total Additions		M. Total Deductions	

**SCHEDULE Y - BUSINESS ALLOCATION FORMULA**

	A. LOCATED EVERYWHERE	B. LOCATED IN PORTSMOUTH	C. (b+a) Percentage
<b>STEP 1.</b> Average Value of Real and Tangible Personal Property	_____	_____	_____
Gross Annual rentals Multiplied by 8	_____	_____	_____
<b>TOTAL STEP 1</b>	_____	_____	%
<b>STEP 2.</b> Gross receipts from Sales made and/or Work or Services performed	_____	_____	%
<b>STEP 3.</b> WAGES, SALARIES, ETC. PAID	_____	_____	%
<b>4.</b> Total Percentages	_____	_____	%
<b>5.</b> Average Percentage (divide Total Percentage by Number of Percentages used CARRY TO LINE 4b.)	_____	_____	%

Has INTERNAL REVENUE SERVICE increased your income tax liability for any prior year?

Yes  No If so, what year? \_\_\_\_\_

Was an amended city or Portsmouth income tax return filed?  Yes  No

If you have moved since your previous return was filed give date moved into Portsmouth \_\_\_\_\_ or out of Portsmouth \_\_\_\_\_

If you have changed place of employment give current employer \_\_\_\_\_ and effective date \_\_\_\_\_

Show any change to the right of that pre-printed on the front of this form.

Thank you.

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PORTSMOUTH INCOME TAX RETURN
PORTSMOUTH CITY INCOME TAX DIVISION
P.O. BOX 1323
PORTSMOUTH, OHIO 45662, PHONE (740) 353-3111
FOR THE CALENDAR YEAR OR OTHER

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IF YOU DO NOT ANTICIPATE HAVING TAXABLE INCOME IN THE FUTURE, INDICATE REASON ON YOUR DECLARATION AND WE WILL CLOSE YOUR ACCOUNT.
THIS RETURN IS FOR BOTH BUSINESS AND INDIVIDUALS.

TAXABLE PERIOD BEGINNING 20
AND ENDING 20

CALENDAR YEAR TAXPAYER'S FILE ON OR BEFORE APRIL 15.
FISCAL AND PARTIAL YEARS, FILE WITHIN 4 MONTHS FROM END OF PERIOD.

S.S./I.D.#
ACCT.#
NAME
ADDRESS
CITY

TAX OFFICE USE ONLY
PAID WITH THIS RETURN
FINAL RETURN \$
DECLARATION \$
TOTAL REMITTANCE \$
DATE RECEIVED
CASH CHECK MONEY ORDER

PORTSMOUTH INCOME TAX RETURN

1. Gross wages, salaries, tips and other compensation
2. Profit or loss from business
3. Adjustments: a. Reconciliation with Federal Return
b. Other
4. a. Total income
b. Allocation % of line 4a.
c. Carry forward losses
5. Tax computation: Taxable income, Tax Rate, Total Tax
6. Credits: a. PORTSMOUTH TAX WITHHELD BY EMPLOYERS
b. Income tax paid to other municipalities
7. ADJUSTED PORTSMOUTH INCOME TAX
8. Payments and Credits
9. Balance
10. Penalty: a. Late final return
b. Interest
11. Amount due or overpayment
12. Distribution of overpayment
TAX DUE

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DECLARATION REQUIRED ONLY IF ESTIMATED TAX EXCEEDS \$200.00

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15. Net Estimated Tax
16. Less overpayment from line 12
17. Balance
18. Amount paid with this declaration
19. AMOUNT ENCLOSED: TAX DUE
1st. Qtr. TAX DUE
TOTAL AMOUNT DUE

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MAKE CHECKS PAYABLE TO CITY OF PORTSMOUTH, INCOME TAX DIVISION.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct and complete.
Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

CHECK BOX TO ALLOW DISCUSSION DIRECTLY WITH YOUR PREPAPER

DATE SIGNATURE OF TAXPAYER Phone No. Taxpayer Social Security No. F.I.D. No. (Business Only) Signature of Tax Preparer

FORM R SIGNATURE OF SPOUSE (IF JOINT RETURN BOTH MUST SIGN) TAXPAYER COPY Phone No. DATE

## INSTRUCTIONS FOR COMPLETING FINAL RETURN.

LINE 1 List W-2 income (attachment of forms required). (Individual Returns only. Corporations Start on Line 2). **List gross income before any deductions, tax shelters or annuities, (with the exception of Section 125 Cafeteria Plans).**

LINE 2 **Business Income:** Attachment of all applicable Federal Schedules or Returns to substantiate your profit or loss claimed is required. Deductions for commissions, sub-contractors, etc. must be supported with copies of 1099's or a list with names, addresses, social security numbers and the amount paid to each.

NOTE: Business losses cannot be applied to taxes on earned income shown on line 1.

Exempt from City Tax: Military pay for service in the armed forces, welfare payments, disability payments, pensions, unemployment compensation and subpay. Interest, dividends and capital gains. Compensation to self-employed persons under 17 years of age.

LINE 3 A. Reconciliation with Federal Return (Complete Schedule X).  
B. Other: Partial year liability - Show dates and reason income is not taxable.

LINE 4 A. Line 1 plus line 2, plus or minus line 3. NOTE: If line 2 is a loss it may not be deducted from line 1.  
B. Business return only - complete schedule Y.  
C. A net operating loss may be applied to the profit in succeeding years for a maximum of 5 years. When applicable use allocated loss carry forward.

LINE 5 Carry taxable income to line 5, multiply by 2.5%, carry tax to line 5 at the right.

LINE 6 A. Tax withheld by your employer and paid to Portsmouth.  
B. 1.0% maximum deduction. If you are a Portsmouth resident and your income is earned in and taxed to another City - you may deduct up to 1.25% of the wages taxed to that City. W-2 must show other City tax withheld or a copy of that City return must be attached.

LINE 7 Subtract line 6 credits from line 5 tax.

LINE 8 Amount you have on your account to apply to the tax due.

LINE 9 Tax due: Carry to line 11 if filed by due date.

LINE 10 A. For a return filed after due date: Penalty of 15% with \$25.00 per month up to \$150.00.  
B. All monies unpaid after they become due shall bear interest at the rate of .42% per month.

LINE 11 Enter amount due: **PAYMENT MUST ACCOMPANY RETURN.** A return without payment is not filed. Tax due under \$10.00 - no payment required but return must still be filed.

LINE 12 Overpayment: A. Can be credited to next year's tax liability, if Declaration is filed - apply to amount due.  
B. Refund of overpayment (\$10.00 minimum).. Proper attachments required.

NOTE: **DECLARATION** is required if the estimated tax is expected to exceed \$200.00 and must be filed within 120 days of becoming liable.

LINE 13 Estimated gross income before payroll deductions and/or estimated net profits multiplied at 2.5% Effective 1/1/16.

LINE 14 See line 6 instructions.

LINE 15 Estimated tax less applicable credits.

LINE 16 Prior Year overpayment may be applied to estimated tax due.

LINE 17 Balance.

LINE 18 First quarter payment, plus any penalty if paid after due date. **WITHOUT PAYMENT:** the declaration is not filed.

LINE 19 This is the amount you should pay with this return.

**INCOME TAX DIVISION**

**Post Office Box 1323**

**Portsmouth, Ohio 45662-1323**