

CHILlicothe INCOME TAX RETURN

Filing required even if no tax due.

YEAR
or

Fiscal Period _____ to _____
FILE ON OR BEFORE APRIL 15 (OR THE FEDERAL DUE DATE)
FISCAL and PARTIAL YEARS FILE
WITHIN 105 DAYS of end of period

File with the Chillicothe City Income Tax Dept.
 35 S. Paint Street • P.O. Box 457
 Chillicothe, Ohio 45601-0457
 Telephone: (740) 773-1161 • Fax: (740) 773-4535
 Website: Chillicothe.com

**Make Checks and Money Orders Payable to
 Chillicothe Income Tax
 Credit Cards Accepted**

Are you fully retired? YES NO

Did you file a return last year? YES NO

PARTIAL YEAR RESIDENT:
 Date moved in: ____/____/____
 Date moved out: ____/____/____
 For partial wages, proof needed

Do you own rental property? YES NO

RESIDENT NON-RESIDENT

If you rent, give name and address of landlord:
 NAME _____
 ADDRESS _____



PLEASE MAKE NECESSARY CORRECTIONS TO NAME/ADDRESS

Soc. Sec. No. _____

Soc. Sec. No. _____

Fed. I.D. No. _____

TAX OFFICE USE ONLY

INT _____

DATE _____

Check _____

Cash _____

Refund requested _____

1. Gross Wages (use highest figure on all W-2s), Salaries, 1099 misc., and other compensation (Attach all W-2s)	\$	
2. Income other than Wages (Attach Schedule(s) C, E and/or F. NOL's may not be used to offset qualifying wages but must be reported.		
3. Total Income		
4a. Items not deductible from Line H Schedule X	Add	
b. Items not taxable from Line N Schedule X	Deduct	
c. Difference between Lines 4a and 4b to be added to or subtracted from Line 3		
5a. Adjusted Net Income (Line 3 plus or minus 4c)		
b. Amount allocable to Chillicothe if Schedule Y is used _____ % of Line 5A)		
6. Amount subject to Chillicothe Income Tax (Line 1, 3, 5a, or 5b)		
7. Chillicothe Income Tax 2.0%	\$	
8. Credits (A) Tax withheld for the City of Chillicothe	\$	
(B) Payments on Current Declaration (or Credit)	\$	
(C) Income Taxes paid to the City of _____ (Tax credit cannot exceed 1.0% of gross earnings in other city.)	\$	
(X) Total Credit Allowable	\$	
9a. Balance of Tax Due (Line 7 Less Line 8X)	\$	
b. PENALTY \$25.00 Late Filing Fee plus penalty and interest if paid after April 15th (See #7 of instructions)	\$	
10. Amount payable to City of Chillicothe Income Tax (payment must accompany this form)	\$	
11. Overpayment claimed _____ refund <input type="checkbox"/> credit to next year Declaration <input type="checkbox"/>		PAY THIS AMOUNT ↑

DECLARATION OF ESTIMATED TAX FOR CALENDAR YEAR _____ or FISCAL PERIOD _____ to _____

Computations of Estimate Tax

1. Estimated Taxable Income for Year	(1.) \$ _____
2. Estimated Tax Due: 2.0% of Line 1	(2.) \$ _____
3. Credits:	
A. Less Chillicothe Tax to be Withheld	
B. Less Taxes Paid to another city not to exceed 1% of line 2 (examples on instructions)	
C. Less overpayments claimed on previous year's return	
D. Total Credits	(3.) \$ _____
4. Balance of Estimated Chillicothe Tax Due (Line 2 less Line 3)	(4.) \$ _____
5. Quarterly Tax Payable Now (Line 4 times 25%)	(5.) \$ _____

Third Party Designee Do you want to allow another person to discuss this matter with the City of Chillicothe? (see instructions) YES Complete the following NO

Designee's Name _____ Phone No. () _____ SSN _____

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 are the same as used for Federal Income tax purposes and understands that this information may be released to the tax administration of the city of residence and the I.R.S.

Sign Here Your Signature ► _____ Date _____

If joint return spouse must sign Spouse's Signature ► _____ Date _____

Paid Preparer's Use Only Signature ► _____ Date _____ SSN/FIN _____ Phone No. () _____