

Form IR – file with: Village of Archbold Income Tax Dept. 300 N. Defiance St. P.O. Box 406 Archbold, OH 43502 Due On or Before April 15 or Revised Federal Due Date Ph. 419-445-9501		VILLAGE OF ARCHBOLD, OHIO INDIVIDUAL/JOINT INCOME TAX RETURN FOR TAX YEAR _____	(TAX OFFICE USE ONLY) Pg. 1 Audited by _____ ____cash ____check ____card Amt. Paid With This Return: \$ _____ Acct# _____
Name and address: _____			TAXPAYER SS# _____ SPOUSE SS# _____ PHONE # _____ PARTIAL YEAR RESIDENT: FROM _____ TO _____

REQUIRED: Attach W2s, Federal 1040, pgs 1-2; Schedule 1, Schedules C, E, F

1. Taxable Wages - Complete Worksheet A on back of return 2. Other Income Complete Worksheet B on back If a negative #, enter 0 3. Total Income (add line 1 and line 2, losses on line 2 may not be used to offset W-2 income from line 1) 4. Tax Liability (multiply line 3 by 1.8%) 5. Credits <table style="margin-left: 20px;"> <tr><td>A. VILLAGE OF ARCHBOLD OH tax withheld</td><td style="border: 1px solid black; width: 150px; height: 20px;"></td></tr> <tr><td>B. Credit for other city tax withheld (1.8% limitation)</td><td style="border: 1px solid black; width: 150px; height: 20px;"></td></tr> <tr><td>C. Estimated tax payments</td><td style="border: 1px solid black; width: 150px; height: 20px;"></td></tr> <tr><td>D. Prior year credit carried forward</td><td style="border: 1px solid black; width: 150px; height: 20px;"></td></tr> <tr><td>E. Total of credits. Add 5A through 5D</td><td></td></tr> </table>	A. VILLAGE OF ARCHBOLD OH tax withheld		B. Credit for other city tax withheld (1.8% limitation)		C. Estimated tax payments		D. Prior year credit carried forward		E. Total of credits. Add 5A through 5D		<table style="width: 100%; border-collapse: collapse;"> <tr><td style="border: 1px solid black; height: 20px;">1.</td></tr> <tr><td style="border: 1px solid black; height: 20px;">2.</td></tr> <tr><td style="border: 1px solid black; height: 20px;">3.</td></tr> <tr><td style="border: 1px solid black; height: 20px;">4.</td></tr> </table> <table style="width: 100%; border-collapse: collapse;"> <tr><td style="border: 1px solid black; height: 20px;">5E.</td></tr> <tr><td style="border: 1px solid black; height: 20px;">6.</td></tr> </table> <table style="width: 100%; border-collapse: collapse;"> <tr><td style="border: 1px solid black; height: 20px;">7.</td></tr> </table> <table style="width: 100%; border-collapse: collapse;"> <tr><td style="border: 1px solid black; height: 20px;">8.</td></tr> </table> <table style="width: 100%; border-collapse: collapse;"> <tr><td style="background-color: #cccccc; border: 1px solid black; height: 20px;">9.</td></tr> </table>	1.	2.	3.	4.	5E.	6.	7.	8.	9.
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6. If line 4 is greater than line 5, enter your BALANCE DUE here (\$10.00 or more)																				
7. If line 5E is greater than line 4, enter your OVERPAYMENT here (\$10.00 or more) Amount to be REFUNDED \$ _____ or CREDITED to next year _____	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="border: 1px solid black; height: 20px;">7.</td></tr> </table>	7.																		
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8. Late Filing Penalty (\$25) Late Payment Penalty (15%) _____ Interest _____	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="border: 1px solid black; height: 20px;">8.</td></tr> </table>	8.																		
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9. BALANCE DUE add line 6 and 8. DO NOT STOP HERE – Complete lines 10-16 if applicable.	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="background-color: #cccccc; border: 1px solid black; height: 20px;">9.</td></tr> </table>	9.																		
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DECLARATION OF ESTIMATED TAX FOR NEXT CALENDAR YEAR – Complete this section if exceeds \$200

10. Total estimated tax for next year (gross taxable income multiplied by 1.8%) 11. Less credits (including tax anticipated to be withheld from employers) 12. NET TAX OWED 13. Declaration due for FIRST QUARTER ESTIMATED TAX (1/4 OF LINE 12) 14. Less credit for prior year overpayment (if \$10 or more) 15. Amount paid with this Declaration (line 13 minus line 14) 16. TOTAL DUE-- ADD LINES 9 AND 15 FOR TOTAL ENCLOSED:	QR Payment Code 	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="border: 1px solid black; height: 20px;">10.</td></tr> <tr><td style="border: 1px solid black; height: 20px;">11.</td></tr> <tr><td style="border: 1px solid black; height: 20px;">12.</td></tr> <tr><td style="border: 1px solid black; height: 20px;">13.</td></tr> <tr><td style="border: 1px solid black; height: 20px;">14.</td></tr> <tr><td style="background-color: #cccccc; border: 1px solid black; height: 20px;">15.</td></tr> <tr><td style="background-color: #cccccc; border: 1px solid black; height: 20px;">16.</td></tr> </table>	10.	11.	12.	13.	14.	15.	16.
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Link for online tax payments <https://ohio-archbold.insourcetax.com>. Bank account no fee. Debit/Credit card 3% fee.

I certify that I have examined this return including accompanying W-2's, schedules and statements, and to the best of my knowledge and belief, it is true and accurate. If my return was prepared by a tax preparer, I have indicated whether or not you may contact my preparer directly concerning the preparation of this return. ____yes ____no (Note: Preparer must completely fill out section below regarding "Preparer")

Your Signature _____ Spouse Signature (if filing joint return) _____ Signature and address of preparer (if not prepared by taxpayer) _____ Phone number of preparer _____ Email _____ Date _____	Date _____ Date _____ Date _____
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VILLAGE OF ARCHBOLD, OHIO INDIVIDUAL TAX RETURN

PG. 2

Worksheet A		W-2 INCOME (include W2-G)		
ENTER TOTAL COMPENSATION RECEIVED				
Employer	Locality Where You Work	Taxable Wages: Greater of Box 5 or Box 18 of W2	Archbold Income Tax Withheld: Box 19 of W2	Tax Withheld or Paid to Another City (1.8% limitation)
Number of W-2's attached: _____		Total: Carry to Pg 1, Line 1	Total: Carry to Pg 1, 5A	Total: Carry to Pg 1, 5B

Attach another sheet to report additional W2's.

Worksheet B		BUSINESS INCOME OR LOSS-All Federal schedules must be attached.
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	Schedules	Column A Profit (Loss) from Federal Schedules	Column B Archbold %	Column C Archbold Taxable Income Column A x Column B
1	Schedule C – Business Income (Combine the net profit and loss of all Schedule C's)		%	\$
2	Schedule E – Rental Income (Residents enter profit/loss from ALL properties, Nonresidents enter only profit/loss from Archbold Properties)		100%	\$
3	Schedule E – Partnership/Shareholder K-1 Income (Residents enter profit/loss from Schedule E Line 32)		100%	\$
4	Miscellaneous Income (1099-MISC, Schedule F, Form 4797 Part II, Etc.)		100%	\$
5	Net Operating Loss -deduction to offset current year business income (attach worksheet showing prior yr losses up to 5 yrs)			
6	Total Business Income/Loss (Combine Lines 1 through 5 and enter this amount on Page 1, Line 2)			\$

Schedule Y		BUSINESS APPORTIONMENT FORMULA		
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	A. Located Everywhere	B. Located in Archbold	Percentage B/A
Step 1. Average Original Cost of Real & Tangible Personal Property	_____	_____	
Gross Annual Rentals Multiplied by 8.....	_____	_____	
Total Step 1	_____	_____	_____ %
Step 2. Total wages, salaries, commissions and other compensation of all employees.....	_____	_____	_____ %
Step 3. Gross receipts from sales made and work or services performed	_____	_____	_____ %
Step 4. Total percentages.....			_____ %
Step 5. Average percentage (divide total percentages by number of percentages used).....			_____ %