



122 E 3rd St, Dover, OH 44622  
330-343-6299 Fax 330-602-2053

Processed By: \_\_\_\_\_

\$ \_\_\_\_\_

Cash  MO  Check  Credit

YOUR S.S. NUMBER	SPOUSE'S S.S. NUMBER	PHONE
NAME		EMAIL
ADDRESS		

Do you own a Rental Property? Yes  No  Were you a resident of Dover the entire year? Yes  No

DATE OF MOVE IN  DATE OF MOVE OUT

**STAPLE COPIES OF ALL W-2 FORMS, FEDERAL SCHEDULES WHICH PERTAIN TO OTHER INCOME AND COPIES OF 1099'S TO THE BACK, (TAXABLE ONLY) YOUR RETURN IS INCOMPLETE IF THIS INFORMATION IS NOT INCLUDED, AND MAY BE SUBJECT TO A LATE-FILING PENALTY**

- LARGEST WAGE FROM EACH W2, TIPS, 1099's, & OTHER COMPENSATION, (If not included on schedule C) ..... 1. \$ \_\_\_\_\_
- OTHER TAXABLE INCOME, (Including gambling winnings) ..... 2. \$ \_\_\_\_\_
  - Business Profit or Loss (Attach Federal Business Schedule) Or Loss Carried Forward ..... \$ \_\_\_\_\_
  - Rental Income or Loss (Attach Federal Rental Schedule) ..... \$ \_\_\_\_\_
  - Total other Taxable Income – NOTE: Business & Rental Losses Cannot Off-Set Wages ..... \$ \_\_\_\_\_
- TAXABLE INCOME, (Line 1 plus Line 2C) ..... 3. \$ \_\_\_\_\_
- CITY TAX DUE – 1.5% of Line 3 ..... 4. \$ \_\_\_\_\_

5. CREDITS

- DOVER Income Tax Withheld by Employer (s) ..... 5. \$ \_\_\_\_\_
  - Income Tax Paid to other cities (Not to exceed 1.5%) ..... \$ \_\_\_\_\_
  - Payments of Declaration of Estimated Tax (or Credit Carryover) ..... \$ \_\_\_\_\_
  - Total Credits (Add A, B, C) ..... \$ \_\_\_\_\_
- Balance Tax Due, If Line 4 exceeds Line 5D ..... 6. \$ \_\_\_\_\_
  - Overpayment Claimed, If Line 5D exceeds Line 4 ..... 7. \$ \_\_\_\_\_
  - RETURNS FILED AFTER APRIL 15TH ARE SUBJECT TO: ..... \$ \_\_\_\_\_
    - PENALTY IS 15% \_\_\_\_\_ OF TAX DUE + INTEREST .58% (per month) ..... 8. \$ \_\_\_\_\_
    - LATE FILING FEE OF \$25.00 PER MONTH UP TO \$150.00 ..... \$ \_\_\_\_\_

**Make check or money order payable  
Dover Income Tax Department**

- TOTAL AMOUNT DUE (line 6 plus line 8A and 8B if applicable) - PAYMENT IN FULL MUST ACCOMPANY THIS RETURN ..... 9. \$ \_\_\_\_\_
- OVERPAYMENT TO BE REFUNDED \$ \_\_\_\_\_ OR CREDIT \$ \_\_\_\_\_ TO NEXT YEAR'S ESTIMATE.

NO TAXES OR REFUNDS OF LESS THAN \$10.00 SHALL BE COLLECTED OR REFUNDED

MANDATORY DECLARATION OF ESTIMATED TAX - Taxpayers owing more than \$200.00 are required by law to make estimated payments

- Total Income subject to Dover tax \$ \_\_\_\_\_ 1.5% ..... \$ \_\_\_\_\_
- LESS TAX TO BE WITHHELD ..... \$ \_\_\_\_\_
- LESS CREDIT FROM OVERPAYMENT ON PRIOR YEAR ..... \$ \_\_\_\_\_
- Net tax due (line 1 minus line 2 and 3) ..... \$ \_\_\_\_\_
- Amount paid with this return (not less than 25% of line 4) ..... \$ \_\_\_\_\_
- Balance of estimated due ..... \$ \_\_\_\_\_

**I CERTIFY 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. IF PREPARED BY A PERSON OTHER THAN TAXPAYER, THE DECLARATION IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE.**

Preparer Name If Other than Taxpayer \_\_\_\_\_

CHECK HERE IF WE MAY CONTACT THE TAX PREPARER

Preparer Address \_\_\_\_\_ phone \_\_\_\_\_

Signature of Taxpayer \_\_\_\_\_ date \_\_\_\_\_

Preparer Name If Other than Taxpayer \_\_\_\_\_

Signature of Spouse (If joint return) \_\_\_\_\_ date \_\_\_\_\_

**Disregard this page if entire taxable income is from salary and wages**

**SCHEDULE C BUSINESS INCOME** (Including Schedule C filters) - Attach all federal schedule statements

FEDERAL TAXABLE INCOME BEFORE NET OPERATING LOSSES AND SPECIAL DEDUCTIONS per attached return (Form 1120, Line 28; Form 1120S, Schedule K, Line 23; Form 1120A, Line 24; Form 1065 "Analysis of Net Income (Loss)", Line 1; Form 1041; Line 17, Form 990T, Line 30)	1. \$ _____
ADD ITEMS NOT DEDUCTIBLE under Income Tax Ordinance (per Line i, Schedule X)	2. \$ _____
DEDUCT ITEMS NOT TAXABLE under Income Tax Ordinance (per Line m, Schedule X)	3. \$ _____
ADJUSTED NET PROFIT (Line 1 plus Line 2 minus Line 3)	4. \$ _____
BUSINESS ALLOCATION FORMULA - Average Percentage (Schedule Y) (if applicable)	5. _____ %
APPORTIONED NET PROFITS (Multiply Line 4 by Line 5) - Enter on Page 1, Line 3B	6. \$ _____

**SCHEDULE E RENTAL INCOME** - Attach Federal Schedule E or Form 8825 or complete this table.

KIND & LOCATION OF PROPERTY	AMOUNT OF RENT	DEPRECIATION	REPAIRS	OTHER EXPENSES	NET INCOME (LOSS)

NET INCOME (OR LOSS) SCHEDULE G PAGE 1, LINE 2B \$

**NOTE: Losses for rentals located outside the City can only be used to offset profits from rental units located outside the City.**

**SCHEDULE H OTHER TAXABLE INCOME** (Partnerships, Estates & Trusts, Fees, Tips, Etc.)

Form	Description	Amount

PAGE 1, LINE 2C \$

**SCHEDULE X RECONCILIATION WITH FEDERAL INCOME TAX RETURN - UNIFORM NET PROFITS BASE**

ITEMS NOT DEDUCTIBLE		ADD	ITEMS NOT TAXABLE		DEDUCT
a. Capital Losses (excluding ordinary losses)	\$ _____		i. Capital Gains (IRC 1221 or 1231 property, except to the extent the income and gains apply to those described in IRC section 1245 or 1250)	\$ _____	
b. 5% of intangible property except that from IRC 1221 or 1231 property disposition	\$ _____		j. Intangible Income:		
c. Taxes based on income (state, city)	\$ _____		Interest	\$ _____	
d. Guaranteed payments or accruals to or for current or former partners or members	\$ _____		Dividends	\$ _____	
e. Amounts for qualified self-employed retirement, health & life insurance plans for owners of non-C			Patents, copyrights, etc.	\$ _____	
f. Contributions	\$ _____		k. Other (Explain)		
g. Other (Explain)	\$ _____		_____	\$ _____	
_____	\$ _____		_____	\$ _____	
_____	\$ _____				
h. Total additions (Line 2, Schedule H above)	\$ _____		l. Total deductions (Line 3, Schedule H above)	\$ _____	

**SCHEDULE Y BUSINESS ALLOCATION FORMULA - FOR NON-RESIDENT BUSINESS ENTITIES ONLY**

	A. Located Everywhere	B. Located in Dover	C. Percentage (B/A)
STEP 1 Avg original book value of real & tangible property	\$ _____	\$ _____	
Gross annual rentals multiplied by 8	\$ _____	\$ _____	
Total Step 1	\$ _____	\$ _____	_____ %
STEP 2 Total wages, salaries, commissions and other compensation paid to all employees	\$ _____	\$ _____	_____ %
STEP 3 Gross receipts from sales and work or services performed	\$ _____	\$ _____	_____ %
STEP 4 Total of percentages			_____ %
STEP 5 Average percentage (Divide total percentages by number of percentages used) (Line 5, Schedule H above)			_____ %

**SCHEDULE Z PARTNERS' DISTRIBUTIVE SHARE OF NET INCOME - FROM FEDERAL SCHEDULES 1065K AND 1099**

1. NAME AND MUNICIPALITY OF EACH PARTNER	2. Resident		3. Distributive Shares of Partners		4. Other Payments	5. Taxable Percentage	6. Amount Taxable
	Yes	No	Percent	Amount			
7. Totals from Schedule G and H Above			100%	\$ _____			

NOTE: Schedule Z must be completed by all partnerships and associations filing returns. Amounts must correspond to amounts reported in Schedule G and Schedule H above.