



VILLAGE OF DOYLESTOWN INCOME TAX RETURN INSTRUCTIONS ON FILLABLE PDF FORM

THE ROUNDING OF FIGURES IS ALLOWABLE AND PREFERRED ON THIS FORM. ROUND TO THE NEAREST DOLLAR AMOUNT

TAXPAYER NAME AND ADDRESS

Name and Spouses name and address

SOCIAL SECURITY NUMBERS

Put your SS# first and then your spouses if applicable. No spaces or hyphens are needed in this space if you are filing in the PDF. They will format correctly.

IF YOU HAVE MOVED SINCE THE PREVIOUS FINAL RETURN

This is only used if you have moved into or out of the Village during the year. Give mm/dd/yy format. Please note that if you have not lived in the village the entire year, a partial return should be filed. To get the proper income for line 1, take the Medicare figure, divide by 12 and then multiply that amount by the number of months you lived here. That figure is then multiplied by 2% for line 4. If you have employer withholdings paid to another municipality, do the same with those. We only give credit for up to 2% for withholdings.

LINE 1

Wages, Salaries, Tips and other Employee Compensation from all W-2's. This comes from Box 5 on the W-2 – Medicare Wages. **ATTACH W-2'S TO RETURN.** Make sure W-2's attached represent numbers on form. We cannot accept W-2's which state "TOTAL CITY" as this number will included school district withholdings as well. If you have multiple W-2's from your employer for various municipality withholdings, a copy of each will need attached.

LINE 2

Profit or loss from income other than wages (All Federal Forms must be attached) Business losses cannot be deducted/offset from W-2 wages.

LINE 3

Taxable Income. Add line 1 and line 2 (business *profit* only).

LINE 4

Municipal Tax is reached by multiplying Line 3 by .02. (2%)

LINE 5 CREDITS – EACH W-2 IS CALCULATED SEPARATELY

- 5-A Village of Doylestown withholdings only (paid directly to VOD)
- 5-B Any estimated tax paid to the Village in tax year
- 5-C Taxes paid to another municipality **not to exceed 2% per W-2**
- 5-D Prior year overpayments credited on last year's return
- 5-E TOTAL CREDITS: Add lines A-D
- ***ATTACH THE W-2'S TO YOUR RETURN SHOWING THE CREDITS YOU ARE USING**

Please note that the school district income tax cannot be used as a credit for the above section. This is a tax levied by the State of Ohio, not the Village of Doylestown. Credits cannot be taken on this amount.

LINE 6

If line 4 is greater than line 5-E, payment must accompany return. Anything \$10 or less is not collected or refunded. If amount is \$10 or less, place a zero on line 6.

LINE 7

If there is an overpayment, state whether you would like a refund or a credit to next year's return.

DECLARATION OF ESTIMATED TAX FOR YEAR

If you work in a municipality that withholds less than 2%, or does not withhold a local income tax at all, or you have a business income and you usually owe tax annually to the Village of Doylestown, this section must be filled out. If you owed \$200 or more to the Village in the current tax year, you must make quarterly estimates in the current tax year. This section is self-explanatory; however, if you need assistance please call the tax office for help. The 1st Quarterly payment will be due with your current taxes due when you file this return. The Village of Doylestown will enter this declaration into our tax software, and you will receive a quarterly coupon from us one month before it is due. **Per VOD INCOME TAX ORDINANCE 2015-35 EFFECTIVE 1/1/16; estimated taxes are due as follows:**

SECTION 7 ESTIMATED TAXES.

(C)(1) The required portion of the tax liability for the taxable year that shall be paid through estimated taxes made payable to Village of Doylestown, including the application of tax refunds to estimated taxes and withholding on or before the applicable payment date, shall be as follows:

(a) On or before the fifteenth (15th) day of the fourth month after the beginning of the taxable year, twenty-two and one-half (22.5) percent of the tax liability for the taxable year;

(b) On or before the fifteenth (15th) day of the sixth month after the beginning of the taxable year, forty-five (45) percent of the tax liability for the taxable year;

(c) On or before the fifteenth (15th) day of the ninth month after the beginning of the taxable year, sixty-seven and one-half (67.5) percent of the tax liability for the taxable year;

(d) On or before the fifteenth (15th) day of the twelfth month of the taxable year, ninety percent (90%) of the tax liability for the taxable year.

**FILE WITH
VILLAGE OF DOYLESTOWN**

INCOME TAX DEPARTMENT
24. S. PORTAGE STREET
DOYLESTOWN, OH 44230

ON OR BEFORE APRIL 15TH

FILING IS REQUIRED EVEN IF NO TAX IS DUE

**MAKE CHECK/MONEY ORDER
PAYABLE TO:
VILLAGE OF DOYLESTOWN**

**TAX YEAR
2016**

TAXPAYER NAME AND ADDRESS

SOCIAL SECURITY NUMBERS:

TAXPAYER _____

SPOUSE _____

IF YOU HAVE MOVED SINCE THE PREVIOUS FINAL RETURN GIVE DATE:

	INTO VILLAGE	OUT OF VILLAGE

NOTE: Page 2 must be completed if you have taxable rental property or business income, otherwise attach federal copies

1	WAGES, SALARIES, TIPS AND OTHER EMPLOYEE COMPENSATION (ALL W-2'S MUST BE ATTACHED)	
2	PROFIT OR LOSS FROM INCOME OTHER THAN WAGES (Attach Federal Forms)(Not less than zero)	
3	TAXABLE INCOME: LINE 1 PLUS LINE 2 (Business loss cannot offset a W-2 earning)	
4	MUNICIPAL TAX 2% OF LINE 3	
5	CREDITS (EACH W-2 STANDS INDEPENDENT) NO REFUND OR CREDIT GIVEN WHERE TAX IS PAID IN EXCESS OF 2%	
5 - A	TAX WITHHELD BY EMPLOYER FOR VILLAGE OF DOYLESTOWN	
5 - B	ESTIMATED TAX PAID TO THIS MUNICIPALITY	
5 - C	TAX PAID TO OTHER MUNICIPALITIES (NOT TO EXCEED 2% PER W-2)	
5 - D	PRIOR YEAR OVERPAYMENTS TO VILLAGE OF DOYLESTOWN	
5 - E	TOTAL CREDITS	
6	IF LINE 4 IS GREATER THAN LINE 5E PAYMENT OF BALANCE MUST ACCOMPANY THIS RETURN: \$10 OR LESS WILL BE ZERO	
	TAX DUE	
	PAID WITH RETURN	
	TOTAL TAX DUE	
6 - A	PENALTY _____ INTEREST _____	
6 - B	TOTAL PENALTY AND INTEREST _____	
7	OVERPAYMENT TO BE REFUNDED _____	
	OVERPAYMENT TO BE CREDITED _____	

***NO TAX CREDITS OR REFUNDS OF LESS THAN \$10 SHALL BE COLLECTED OR REFUNDED**
By law, all refunds and credits in excess of \$10 are being reported to the IRS

DECLARATION OF ESTIMATED TAX FOR YEAR

8	TOTAL INCOME SUBJECT TO TAX		MULTIPLY BY 2%	
9	LESS EXPECTED TAX CREDITS:			
9 - A	OVERPAYMENT FROM PRIOR YEAR(S)			
9 - B	PAYMENTS ON TAXABLE INCOME TO ANOTHER MUNICIPALITY (NOT TO EXCEED 2%)			
9 - C	TOTAL CREDITS			
10	NET TAX DUE (LINE 8 LESS LINE 9C)			
11	AMOUNT PAID WITH THIS DECLARATION (NOT LESS THAN 1/4 OF LINE 10)			
12	BALANCE OF TAX			
13	TOTAL DUE WITH THIS RETURN (LINE 6 PLUS LINE 11)			

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

Signature of Person Preparing other than taxpayer Date

Address Phone No.

Signature of Taxpayer or Agent Date

Spouse Signature Date

SECTION A Profit (or Loss) from Business or Profession

- 1. TOTAL RECEIPTS LESS ALLOWANCES, REBATES AND RETURNS... \$
2. LESS Cost of Labor \$, Materials, supplies and other costs \$
3. GROSS PROFIT FROM SALES, ETC. (Line 1 less line 2) \$
4. INTEREST \$ OTHER BUSINESS INCOME (Specify) \$
5. TOTAL BUSINESS INCOME BEFORE DEDUCTIONS \$
6. ADVERTISING AND PROMOTION \$
7. AUTO, TRUCK AND TRAVEL \$
8. INT. ON BUSINESS INDEBTEDNESS \$
9a. TAXES BASED ON INCOME \$
b. OTHER BUSINESS TAXES \$
10. SALARIES AND WAGES \$
11. DEPRECIATION, AMORTIZATION \$
12. RENTS (Paid to) \$
13. OTHER (List if over 10% of Line 14) \$
14. TOTAL BUSINESS DEDUCTIONS (Total of Lines 6 to 13) \$
15. NET PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION (LINE 5 LESS LINE 14) \$

SECTION B Total from Federal Schedule D, Form 4797. \$

SECTION C Income from Rents from Schedule E.

Table with 6 columns: Kind & Location of Property, Amount of Rent, Depreciation, Repairs, Other Expenses, Net Income (Or Loss)

NET INCOME INCOME SECTION C..... \$

SECTION D All other Taxable Income.

Table with 3 columns: RECEIVED FROM, FOR (DESCRIBE), AMOUNT

NET INCOME INCOME SECTION D..... \$

TOTAL From Sections A, B, C & D. Enter on Page 1, Line 1 \$

SCHEDULE X Reconciliation with Federal Income Tax Return

Table with 2 main columns: ITEMS NOT DEDUCTIBLE ADD, ITEMS NOT TAXABLE DEDUCT. Includes rows for Capital Losses, Expenses, Taxes, Net operating loss, Payments to Partners, Contributions, Other expenses, and Capital Gains, Interest Income, Dividends, Other.

SCHEDULE Y Business Allocation Formula

Table with 3 columns: a. LOCATED EVERYWHERE, b. LOCATED IN THIS CITY, c. PERCENTAGE (b + a). Includes steps for AVG. VALUE OF REAL & TANG. PERSONAL PROPERTY, GROSS RECEIPTS FROM SALES, WAGES, SALARIES AND OTHER COMPENSATION PAID, and AVERAGE PERCENTAGE.

SCHEDULE Z PARTNER'S SHARE OF INCOME Table with 6 columns: 1. NAME AND MUNICIPALITY OR TOWNSHIP OF EACH PARTNER, 2. Resident (Yes/No), 3. Dist. Shares of Partners (Percent/Amount), 4. Other Payments, 5. Taxable Percentage, 6. Amount Taxable. Includes a TOTALS row.