

MAIL TO:  
DEPARTMENT OF TAXATION  
1868 EAST PERRY STREET  
PORT CLINTON, OHIO 43452-1499  
ASSISTANCE CALL: (419) 734-5522  
HOURS: 8:00 to 4:00 MON-FRI

FOR CALENDAR YEAR \_\_\_\_\_  
or  
FISCAL PERIOD \_\_\_\_\_ to \_\_\_\_\_  
Due by Federal due date

# CITY OF PORT CLINTON INCOME TAX RETURN

**FILING REQUIRED EVEN IF NO TAX DUE**

Office Use

[Empty box for taxpayer information]

Do you own this property?  Yes  No  
Rent?  Yes  No  
Name, address and phone number of landlord:

**PORT CLINTON**  ACTIVE MILITARY (DATES IN AND OUT) \_\_\_\_\_  
MOVE IN DATE \_\_\_\_\_  UNDER 18 (DATE OF BIRTH) \_\_\_\_\_  
MOVE OUT DATE \_\_\_\_\_  RETIRED (YEAR) \_\_\_\_\_

**ALL W-2(s), 1099(s), FEDERAL SCHEDULES MUST BE ATTACHED, YOUR RETURN IS INCOMPLETE IF THIS INFORMATION IS NOT INCLUDED, and you may be subject to a late filing fee.**

ATTACH W-2(s) HERE

- 1. Enter gross wages, salaries, tips, bonuses, commissions [from W-2(s)] and other employee compensation .... \$ \_\_\_\_\_
- 2. Income from Federal Schedules and 1099 MISC (**ATTACH ALL COPIES**) ..... \$ \_\_\_\_\_
- 3. Adjusted Net Income Subject to Port Clinton Tax (Add Line 1 and 2) ..... \$ \_\_\_\_\_
- 4. Port Clinton Income Tax rate of 1.5 % (multiply 1.5% x Line 3) ..... \$ \_\_\_\_\_
- 5. PAYMENTS MADE: (A) Port Clinton City tax withheld ..... \$ \_\_\_\_\_  
(B) On Estimated tax and prior overpayment ..... \$ \_\_\_\_\_  
(C) Tax paid to other city(s) (Limited to \_\_\_\_\_) ..... \$ \_\_\_\_\_  
(D) TOTAL of Payments (Lines A,B & C) ..... \$ \_\_\_\_\_
- 6. TAX DUE (Balance MUST accompany this return) ..... [Line 4 less Line 5 (D)]..... \$ \_\_\_\_\_
- 7. PENALTIES: (A) [ ] Underpayment \$50.00 (B) [ ] Penalty (1.5%/mo.) \$ \_\_\_\_\_ (C) [ ] Failure to file timely \$50.00...(X)\$ \_\_\_\_\_  
(D) [ ] Interest 1.5% per month .....\$ \_\_\_\_\_
- 8. TOTAL OF TAX, PENALTY AND INTEREST DUE ..... (Line 6 plus Line 7) ..... \$ \_\_\_\_\_
- 9. OVERPAYMENT CLAIMED .....Credited to next year \$ \_\_\_\_\_ Amount Refunded \$ \_\_\_\_\_

**DECLARATION OF ESTIMATED TAX FOR**

- 10. Total income subject to tax \$ \_\_\_\_\_ multiply by tax rate of 1.5% for gross tax of ..... \$ \_\_\_\_\_
- 11. Less expected tax credits:  
A. Tax withheld and remitted by Port Clinton Employer ..... \$ \_\_\_\_\_  
B. Payments to other city(s) (Tax credit limited to \_\_\_\_\_) ..... \$ \_\_\_\_\_  
C. TOTAL CREDITS ..... [Total of 11(A) and 11(B)] ..... \$ \_\_\_\_\_
- 12. NET TAX DUE ..... [Line 10 less Line 11 (C)] ..... \$ \_\_\_\_\_
- 13. Amount due with Declaration ..... (Not less than 22.5% of Line 12) ..... \$ \_\_\_\_\_
- 14. LESS overpayment on last year's Final Return or previous payment on this Estimate ..... \$ \_\_\_\_\_
- 15. Total of this Estimated Payment DUE ..... \$ \_\_\_\_\_

16. TOTAL AMOUNT PAID \$ \_\_\_\_\_ (Line 8) + \$ \_\_\_\_\_ (Line 15) = ..... \$ \_\_\_\_\_  
Amount less than five dollars (\$5.00) Shall not be collected or refunded. Make check payable to: CITY OF PORT CLINTON TAX DEPT.

I certify I have examined this return (including accompanying schedules and statements) and to the best of my knowledge and belief it is true, correct, complete and the figures used herein are the same as used for federal income tax purposes.

Telephone Number \_\_\_\_\_

Signature of Tax Practitioner \_\_\_\_\_

Signature of Taxpayer \_\_\_\_\_ Date \_\_\_\_\_

Address of Tax Practitioner \_\_\_\_\_

Signature of Spouse \_\_\_\_\_ Date \_\_\_\_\_

Telephone Number \_\_\_\_\_

May the city discuss this return with tax preparer?  YES  NO

**\*IF YOU ONLY HAVE W-2 INCOME YOU DO NOT NEED TO FILL OUT THIS PAGE\***

FID or SS# \_\_\_\_\_

**YOU MUST ATTACH APPROPRIATE FEDERAL FORMS AND/OR SCHEDULES**

**BUSINESS & OTHERS INCOME**

A. NET INCOME or (LOSS) FROM  
 Sole Proprietorship(s) - Schedule C  
 Partnership(s) - Form 1065 with Schedule K & Schedule K-1(s)  
 Corporation(s) - Form 1120 or 1120S with Schedule K or Schedule K-1(s)  
 Farming - Schedule F  
 Schedule E, including Page 2

TOTAL..... \$ \_\_\_\_\_

B. OTHER INCOME not reported elsewhere (1099-MISC, non-employee compensation)  
 Received From \_\_\_\_\_ Purpose \_\_\_\_\_ Amount \$ \_\_\_\_\_

C. 1. Line m of Schedule X \$ \_\_\_\_\_ 2. Line z of Schedule X \$ \_\_\_\_\_ (TOTAL of C1 and C2) + - ..... \$ \_\_\_\_\_

D. TOTAL A, B, AND C ..... \$ \_\_\_\_\_

E. Amount of Line D, (Total Taxable) x \_\_\_\_\_% (form Step 5 of Schedule Y) ..... \$ \_\_\_\_\_  
 (Enter on Page 1, Line 2)

(Note: Loss from business activity may NOT be used as a deduction from wage or salary earnings)  
 (NO NET OPERATING LOSS CARRIED FORWARD ALLOWED)

**Schedule X, RECONCILIATION WITH FEDERAL INCOME TAX RETURN**

ITEMS NOT DEDUCTIBLE		ITEMS NOT TAXABLE	
a. Capital Losses (excluding ordinary losses) .....	\$ _____	n. Capital Gains (excluding ordinary gains) .....	\$ _____
b. Expenses incurred in the production of non-taxable income (at least 5% of line z) .....	\$ _____	o. Interest income earned or accrued .....	\$ _____
c. Sick pay not included on Line 1 .....	\$ _____	p. Dividends .....	\$ _____
d. Taxes based on income "State/City" paid and accrued .....	\$ _____	q. Unreimbursed travel expense (per Federal Form 2106) ( <b>see instructions</b> ) .....	\$ _____
e. Net Operating Loss deduction per federal return .....	\$ _____	r. Others (Explain) .....	\$ _____
f. <b>Payments to partners or S Corp officers</b> .....	\$ _____	.....	\$ _____
h. Contributions .....	\$ _____	.....	\$ _____
i. Other expenses (Explain) .....	\$ _____	.....	\$ _____
m. TOTAL (enter on Line C1 above) .....	\$ _____	z. TOTAL (enter on Line C2 above).....	\$ _____

**SCHEDULE Y, BUSINESS ALLOCATION FORMULA**

	a. Located Everywhere	b. Located in Port Clinton	c. Percentage (b/a)
Step 1. Average original cost of real and tangible personal property	\$ _____	\$ _____	
Gross annual rentals paid, multiplied by 8	\$ _____	\$ _____	
TOTAL Step 1	\$ _____	\$ _____	_____ %
Step 2. Wages, salaries, and other compensation paid to all employees	\$ _____	\$ _____	_____ %
Step 3. Gross Receipts from Sales made and/or Work or Services Performed	\$ _____	\$ _____	_____ %
Step 4. Total percentages			_____ %
Step 5. Average percentage (divide total percentages by the number of percentages used.) (Enter on Line E above.)			_____ %

**PLEASE ANSWER QUESTIONS BELOW**

[ ] RESIDENT                      [ ] PART-YEAR RESIDENT                      [ ] NON-RESIDENT  
 [ ] Married Filing Jointly                      [ ] Married Filing Separately                      [ ] Other  
 [ ] SS# of Spouse \_\_\_\_\_                      Name of Spouse \_\_\_\_\_

Nature of Business or Occupation \_\_\_\_\_

Did you have Employees?    [ ] YES    [ ] NO    Did you issue 1099-MISC for non-employee compensation?    [ ] YES    [ ] NO

# READ ALL INSTRUCTIONS CAREFULLY BEFORE FILLING OUT YOUR PORT CLINTON TAX RETURN

## GENERAL INSTRUCTIONS

### 1. MANDATORY FILING and WHO MUST FILE

Every person 18 years of age and older who is a resident (temporary or permanent) of Port Clinton and who receives salaries, wages, commissions or other compensation for work done or service rendered or performed, MUST file a tax return whether the tax is withheld or not, and whether he or she has taxable income or not.

Non-residents of the City of Port Clinton who receive salaries, wages, commissions or other compensation for work done or service rendered or performed within the City of Port Clinton if NOT covered by a withholding plan MUST file a tax return.

Every business entity (individual, proprietorship, partnership, professional, corporation, etc.) whether a resident or non-resident who conducts business within or for the City of Port Clinton MUST file a tax return whether or not there is tax due. (Exception: Taxpayers who have established non-filing status with the Port Clinton Tax Department, i.e. retiree with pension & investment income only.

### 2. FILING DATE

Return MUST be filed or post marked by the Federal due date or within 4 months after the close of a fiscal year to avoid penalty and interest.

### 3. EXTENSIONS

The extension **MUST** be filed by the regular due date of your return. Request for an extension must be in writing (copy of federal extension or through the Ohio Business Gateway is acceptable). **EXTENSIONS OF TIME ARE NOT EXTENSIONS TO PAY AND ANY TAX DUE WILL BE CHARGED INTEREST AND IF APPLICABLE PENALTIES FROM THE ORIGINAL DUE DATE.**

### 4. TAX RATE

One and one half percent (1.5% or .015).

### 5. LOSSES

Net operating losses allowed only in the year they occur or accrue. NO losses may be deducted from W-2 income.

### 6. PENALTIES

INTEREST is charged at the rate of 1.5% per month on all past due tax. PENALTY is charged at the rate of 1.5% per month on all past due tax. LATE FILING PENALTY is \$50.00 for filing tax return after due date. UNDERPAYMENT PENALTY IS \$50.00 if you:

- (A) Failed to file the Declaration of Estimated tax
- (B) Failed to pay quarterly payments according to Declaration
- (C) Failed to pay 90% of the total tax liability due
- (D) or Failed to pay 100% of previous year's tax.

### 7. SUPPORTING DOCUMENTS TO BE ATTACHED

W-2(s), 1099(s), Schedule C, Form 1120, Form 1065 with K-1(s), Form 1120-S with K-1(s), Schedule E and all other documents to substantiate information on your tax return. Your return is legally INCOMPLETE and considered NOT FILED without ALL supporting documents. An incomplete return may be returned to the taxpayer. 2106 Filers must submit complete Form 2106, Form 1040 and Schedule A and are subject to a 2% limitation on Port Clinton taxable income.

### 8. SIGNATURE

Return MUST be signed by Taxpayer and Spouse (if filing jointly). An unsigned return is an INCOMPLETE return.

### 9. PAYMENT

Make your check payable to CITY OF PORT CLINTON, TAX DEPT. (No payment collected if less than \$5.00). Write one check for each individual account return. Unpaid balances after April 15th or the Federal due date are subject to Interest/Penalty of 1.5% per month or fraction thereof. Section 12 of this Ordinance carries a fine of not more than \$500.00 and/or imprisonment of 6 months if found guilty of failure or refusal to file a tax return and/or non-payment of any taxes due.

### 10. REFUNDS

Persons under 18 years of age for any part of the year, who had Port Clinton City tax withheld, may file a return for a refund. A copy of birth certificate will be needed for proof of age.

#### INSTRUCTIONS FOR FILLING OUT RETURN FROM W-2(S)

- A. Indicate calendar year or fiscal year
- B. (1) Social Security number of taxpayer  
(2) Social Security number of spouse
- C. Name, address, city, state and ZIP

- D. (1) Moved into City of Port Clinton? Give date.  
(2) Moved out of City of Port Clinton? Give date.

Line 1. Total all W-2(s) and list total on line 1. **(The greater of box 5 or 18)**

Line 2. Additions or Subtractions from page 2, line E.

Line 3. Total of lines 1 & 2.

Line 4. Multiply line 3 total by 1.5% (.015) and list on line 4.

Line 5. (A) List total of Port Clinton withheld tax (box 19) from W-2(s).

(B) List total of estimated tax paid and/or past year overpayment.

(C) List total tax paid to other cities, each limited to

(D) List total of lines 5(A), 5(B) and 5(C).

Line 6. Subtract line 5(D) from line 4, record total on line 6.

Line 7. (A) \$50.00 underpayment; place check mark in front if:

\*failed to file a Declaration of Estimated Tax when income tax of \$50.00 or more is due for year and there is no means of withholding.

\*Non-payment of estimated taxes by due dates.

\*failure to pay 90% of tax liability due by January 31 of following year.

\*\*Exception: If 100% of last year's tax has been paid.

(B) 1.5% Penalty per month – calculated on tax due after April 15th or the Federal due date.

(C) \$50.00 failure to file timely (April 15th or the Federal due date, fiscal year 4 months after close).

(X) List Total 7(A), 7(B), 7(C)

(D) 1.5% interest per month – calculated on tax due after April 15th or the Federal due date.

Line 8. Total line 6, line 7(X) and 7(D): list total on line 8.

Line 9. Would be used for a credit for next year or refund if an over payment was indicated on line 8.

#### NON-TAXABLE INCOME

Dividends, Involuntary conversions, Military pay (Active Duty), Poor relief, human services, Pensions, Alimony, Annuities distributions, State unemployment benefits, Royalties, Gifts, Medicare distributions, Revenue from intangible property, Interest, Inheritances, Disability, Income earned under 18 years of age, Scholarships, Sub pay, Social Security distributions, Income from qualified pension plans, Capital Gains, Patents & copyrights, Workmens Compensation, Cafeteria Plans (Section 125), Compensatory insurance proceeds derived from property damage or personal injury settlement. The income of Religious, Fraternal, Charitable or other Non-Profit Organizations.

#### TAXABLE INCOME

Prizes, Rental Income, Lottery winnings, Jury duty pay, Strike pay, Incentive pay, Farm net income, Bonuses, Stipends, Vacation pay, Tips, Wages, salaries, other compensation, Commission, other earned income, Rental personal property, Salary/Wage continuation income, Sick pay (including 3rd party), Cash in lieu of cafeteria plans, Stock options (taxed when exercised usually values at market price less option price on date the option is exercised). Net income of business, profession, sole proprietor, partnership, corporation. Contributions to IRA, Keogh, 401K, 403b, 457b, HR-10, other retirement programs and annuities, Employer paid premiums for group insurance premium over \$50,000, Property in lieu of cash (taxed at fair market price), Income earned, received or accrued 1099-MISC income from non-employee compensation, medical and fish proceeds, Ordinary gains as reported on federal form 4797, Other compensation for work done or services rendered or performed, Employee retirement plans and tax deferred annuity plans, Dismissal or severance pay (including retirement incentive plans), Supplemental unemployment compensation benefits, Disqualifying disposition of an incentive stock option, Fees, Directors Fees, Executors Fees.

# GENERAL INSTRUCTIONS FOR DECLARATION OF ESTIMATED TAX

## WHO MUST FILE

All Port Clinton residents, residential businesses and other persons or businesses performing services and/or conducting business in the city of Port Clinton who are not subject to withholding are required to file a Declaration of Estimated Port Clinton City Tax if \$200.00 or more City tax is expected to be due by year's end.

## WHEN TO FILE

The Declaration of Estimated City Income Tax and the first quarter payment (at least 22.5% of tax) due by April 15th or the Federal due date, or within four months of the start of the fiscal period.

## PAYMENTS

First Quarter payment due with Declaration (April 15th or the Federal due date).

Payment vouchers will be sent for other quarters

Second Quarter payment due by June 15, minimum due 45% of estimate.

Third Quarter payment due by September 15, minimum due 67.5% of estimate.

Fourth Quarter payment due by December 15, minimum due 90% of estimate.

Estimated payments not received by the due dates noted above will be subject to penalty and interest in accordance with City Codified Ordinance 183.10.

## AMENDMENT

You may adjust the Declaration of Estimated City Income Tax and the quarterly payment on any quarterly statement whenever conditions warrant it.

## HOW TO COMPLETE YOUR DECLARATION ON ESTIMATED PORT CLINTON INCOME TAX

- A. Indicate the calendar year or your fiscal year
- B. Calculation of estimated income tax
  - Line 10. Enter the total estimated income subject to Port Clinton Income tax multiplied by 1.5% of the amount shown on line 10.
  - Line 11. Withholding Tax Credits:
    - A. Enter tax to be withheld and remitted by employer to Port Clinton.
    - B. Enter tax to be withheld and remitted by employer to another city at that city tax rate, but not to exceed of income earned in that other city.
    - C. Enter the total of lines 11A and 11B.
  - Line 12. Enter the difference between line 10 and 11C.
  - Line 13. Enter 22.5% of the amount shown on line 12, unless Declaration is for less than 12 months, in which case, prorate for the number of remaining quarters in the tax year.
  - Line 14. Enter the amount of overpayment, if any, shown on final return from last year or, if you are amending a previous estimate, indicate the amount paid on such estimate to date.
  - Line 15. Enter the amount being paid with this Declaration.