



CITY OF CLYDE
INCOME TAX DEPARTMENT
222 NORTH MAIN STREET
CLYDE, OH 43410

IMPORTANT

FILING IS REQUIRED WHETHER OR NOT A TAX IS DUE. ALL CLYDE RESIDENTS OVER THE AGE OF 18, AND OTHERS, WITH INCOME TAXABLE BY CLYDE, OHIO, MUST FILE A TAX RETURN.

RESIDENTS UNDER AGE 18, WELFARE RECIPIENTS OR RECENT RETIREES MAY COMPLETE THE EXEMPTION CERTIFICATE AT THE TOP OF THE TAX RETURN, SIGN AND SEND IN.

DUE APRIL 15TH

(or the 15th day of the fourth month after the close of a fiscal year).

WARNING: Failure to file a required Clyde City Income Tax Return or filing of a fraudulent return will subject you to possible criminal penalty of not more than \$100.00 for each offense.

GENERAL INFORMATION and INSTRUCTIONS

WHEN TO FILE: April 15th or the 15th day of the fourth month after the close of a fiscal year.

WHO MUST FILE: **Residents** and **partial year residents** 18 years of age or older (unless exempt); **nonresident individuals and businesses** who earned taxable income, within the City limits when the income is not subject to withholdings. **PARTIAL YEAR RESIDENTS:** Report income earned while living in Clyde; may use year-to-date figures from pay stubs if available; or call our office for help to calculate pro-rated income.

EXTENSION TO FILE: Copy of Federal extension or written request must be filed with the Tax Department on/or before the regular due date of the return. **Failure to file a timely extension will result in \$25.00 fine. Extensions do not extend the time for paying any tax due. Failure to pay on time will result in an additional \$25.00 fine & 12% per annum interest charge will be applied.**

BUSINESSES and PARTNERSHIPS (must attach copies of Federal Schedules): Net profits are taxable to nonresidents with businesses and professional activities in Clyde and residents of Clyde regardless of where the place of business and professional activities are located. (See "credit allowed for tax paid another city"). Use Schedule X on back on the return for items not deductible and not taxable; use Schedule Y on back of the return for business allocation.

RENTALS (must attach Federal Schedule identifying address of each rental): Net profits from one or more rental properties are taxable to nonresidents with rentals in Clyde and residents of Clyde regardless of where the property is located. (See "credit allowed for tax paid another city").

LOSSES: Operation losses from business or professional activities cannot be offset against wages, salaries, or other compensation. Loss allocated to Clyde may be applied against succeeding year's profit for no more than 5 years.

CREDIT ALLOWED FOR TAX PAID ANOTHER CITY (must be substantiated by W2 or copy of other cities' tax return): Credit allowed residents for tax paid other cities is 1 ½ %. If tax withheld or paid is less than 1 ½%, the difference is due Clyde. As a result, **residents and nonresidents owing Clyde tax are required to file a Declaration of Estimated Tax on amount over \$100.00 and make quarterly payments.**

REFUNDS: Allowed only when city income tax has actually been paid to or withheld for Clyde. No refund or overpayment allowed until all provisions of Tax Code have been met. No refund will be issued because tax was paid to another city at a higher rate than 1 ½ % Returns so submitted will be adjusted without further notification to the taxpayer. No refunds under \$5.00 will be issued.

UNREIMBURSED EMPLOYEE BUSINESS EXPENSE (must attach copies of Form 2106 as filed with IRS): Complete Form 2106 Employee Expense Worksheet on back of return – only the portion allocated against Clyde wages will be deducted. For 2106 expenses allocated against wages earned in other cities, you must file returns in those cities. Only expenses exceeding 2% of Clyde income is deductible.

TAXABLE INCOME	
Qualifying wages (W2 box 5), salaries, other compensation Bonuses, stipends and tip income Commissions, fees and other earned income Sick pay (including third party sick pay) Residents & non-resident Contributions to retirement plans and tax deferred annuity plans (including Sec. 401k, 403b, 457b, etc.) Income from wage continuation plans (severance, etc.) Net rental income Net profits of businesses, professions, sole proprietorships, etc Income from partnerships, estates or trusts Ordinary gains as reported on Federal Form 4797 Vacation pay Stock options Supplemental Unemployment Benefits (SUB pay)	Net farm income Employer paid premiums for group term life insurance over \$50,000 Income from guaranteed annual wage contract Prizes and gifts, if connected with employment, to the same extent as taxable for Federal Income Tax purposes Director fees Income from Jury Duty Strike pay Uniform, automobile, moving and travel allowances Employer-provided educational assistance, taxable to the same extent as taxable for Federal Income Tax purposes Executor fees Disability payments from employer Gambling, games of chance, sports & lottery winnings over \$100,000
NON-TAXABLE INCOME	
IRC Sec 125 cafeteria plan contributions (Eff.1/1/04) Interest or dividend income Welfare benefits Social Security Income from qualified pension plans Worker's compensation Proceeds of life insurance Alimony Government disability Poll worker income Unemployment insurance benefits	Active duty military pay (including National Guard when on active duty) Earnings of persons under 18 years of age Capital gains Patent and copyright income Royalties derived from intangible property Annuity distributions Compensatory insurance proceeds derived from property damage or personal injury settlements Child support

CLYDE CITY INCOME TAX RETURN

222 N. MAIN ST., CLYDE, OHIO 43410
www.clydeohio.org

For Calendar Year 20 or Fiscal Period to

DUE APRIL 15TH OR 15TH DAY OF 4TH MONTH AFTER FISCAL YEAR-END. FILING REQUIRED EVEN IF NO TAX IS DUE.

EXEMPTION CERTIFICATE: I AM REQUIRED TO FILE SINCE I AM A RESIDENT, BUT I HAVE NO TAXABLE INCOME BECAUSE:

- Under 18 for the entire tax year of 20 Date of Birth
Retired or Disabled, individuals receiving only Pension, Social Security, Interest or Dividends
On Public Assistance with no Taxable Income for the entire year.
An active member of the Armed Forces of the United States for the entire year
Other (Explanation)

CHECK APPROPRIATE BOX AND SIGN BELOW

Residency Status (one)
Resident Non-Resident Partial Year Resident
SOC. SEC. NO. (HUS)
SOC. SEC. NO. (WIFE)
FED I.D. NO.
Office Use: P R A

Make name and address corrections as necessary

Table with 5 columns: Enter qualifying wages, EMPLOYER'S NAME, CLYDE TAX WITHHELD, OTHER CITY TAX W/H NOT TO EXCEED 1 1/2%, QUALIFYING WAGES

1. TOTAL WAGES A B C

IF ALL INCOME is listed above, go to line 7.

OTHER INCOME (Copy of Extensions to be received on/or before filing date)

- 2. Individual income other than wages
3. Business income from Corp., Partnerships, Sub S, LLC
4. Total income
5. Amount allocable to Clyde
6. Loss from previous year
7. Total Taxable Income

*Losses from "OTHER INCOME" cannot be offset against W-2 wages

DEDUCTIONS

- 8. (A) Employment expenses from Form 2106 Worksheet
(B) Non-Taxable income
(C) Total deductions
9. Net Taxable Income
10. Clyde City Income Tax

CREDITS

- 11. (A) Tax withheld by employer
(B) Estimated tax paid Clyde
(C) Total Credits
12. BALANCE TAX DUE
13. LATE FILING PENALTY
14. TOTAL DUE
15. IF OVERPAYMENT

DECLARATION OF ESTIMATED TAX FOR 20

- 16. Total income subject to tax multiplied by .015 = less amount withheld =
17. Amount due first quarter: 25% of line 16 less line 15 credit =
TOTAL TAX DUE

The undersigned declares that this return (and accompanying schedules) is true, correct and complete for the taxable period stated and if an audit of Federal return is made which affects tax liability shown on this return, an amended return will be filed within 3 months.

Signature (Date) Signature of person preparing this return other than Taxpayer
Signature of Taxpayer's spouse if this is a joint return (Date) Name and address of Firm or Employer

SCHEDULE X Reconciliation with Federal Income Tax Return per O.R.C.718

1. Ordinary income or (loss) from attached Federal return; I.E., Form 1120, Line 28; Form 1120S, Schedule K, Line 17E; Form 1120A, Line 24, etc.	1.	\$	
2. Deduct: Intangible income included in the amount reported on line 1 above such as interest, dividends, patent and copyright income, and royalties derived from intangible property except intangible income that is directly related to the sale, exchange, or other disposition of property described in IRC Section 1221.	2.	-	
3. Deduct: Income and gain included in the amount reported on line 1 above directly related to sale, exchange, or other disposition of property described in IRC Sections 1221 or 1231 except to the extent the income and gains apply to those described in IRC Sections 1245 or 1250	3.	-	
4. Deduct: Amount of Federal Tax Credits to the extent they have reduced corresponding operating expenses in arriving at the amount reported on line 1 above	4.	-	
5. Deduct: Partnership, LLC, or S corporation IRC Section 179 expenses not already deducted in arriving the amount reported on line 1 above	5.	-	
6. Deduct: Partnership, LLC, or S corporation charitable contributions not already deducted in arriving at amount reported on line 1 above, to the extent they would be deductible by a C corporation	6.	-	
7. Deduct: Other sources of nontaxable income included in the amount reported on line 1 above Describe	7.	-	
8. Add: Five percent of intangible income reported on line 2 above	8.	+	
9. Add: Taxes based on or measured by net income and deducted in arriving at the amount reported on line 1 above	9.	+	
10. Add: Losses deducted in arriving at the amount reported on line 1 above directly related to the sale, exchange, or other disposition of property described in IRC Sections 1221 or 1231	10.	+	
11. Add: Guaranteed payments or similar amounts paid or accrued to current or former partners or members and deducted in arriving at the amount reported on line 1 above	11.	+	
12. Add: Dividends, distributions, or amounts set aside for or credited to the benefit of REIT or RIC investors and deducted in arriving at the amount reported on line 1 above	12.	+	
13. Add: Amounts paid or accrued to or for qualified self-employed retirement plans, health insurance plans, and life insurance plans for owners or owner-employees of a non-C corporation business and deducted in arriving at the amount reported on line 1 above	13.	+	
14. Add: Partnership, LLC, S corporation, etc. rental activities not included in the amount reported on line 1 above	14.	+	
15. Add: Other items that are not deductible for Ohio municipal income tax purposes Describe	15.	+	
16. Equals adjusted Federal taxable income for Ohio municipal income tax purpose (enter on line 3, Page 1)	16.	=	

Tax is imposed first on adjusted Federal taxable income of a partnership, LLC, or S corporation to the extent the business' income is attributable to Clyde determined by using the Business Allocation Formula in Schedule Y below. Resident individual general partners, members, and S corporation shareholders must then report their untaxed distributive shares and guaranteed (or similar) payments.

SCHEDULE Y Business Allocation Formula

	A. Located Everywhere	B. Located in Clyde	c. Percentage (B ÷ A)
Step 1 Average value of real & tangible personal property	\$ _____	\$ _____	
Gross annual rentals multiplied by 8	\$ _____	\$ _____	
Total Step 1	\$ _____	\$ _____	_____ %
Step 2 Gross receipts from sales and work or service performed	\$ _____	\$ _____	_____ %
Step 3 Total wages, salaries, commissions and other compensation of all employees	\$ _____	\$ _____	_____ %
Step 4 Total Percentage			_____ %
Step 5 Average percentage (Divide total percentages by number of percentages used - enter on Line 5, Page 1)			_____ %

Form 2106 Employee Expense Worksheet - Attach copies of Form 2106 as filed with IRS

1. Total Gross Wages associated with form 2106	\$ _____
2. Gross Wages taxed in other cities associated with Form 2106	\$ _____
3. Wages taxable to Clyde (line 1 minus line 2)	\$ _____
4. Clyde apportionment Factor (divide line 3 by line 1)	\$ _____
5. Enter amount from line 10, Form 2106	\$ _____
6. Clyde deductible Unreimbursed Employee Expenses (multiply line 4 by Line 5 and enter as line 8A Page 1	\$ _____