



# SCHEDULE OF INCOME FROM OTHER THAN WAGES

RETURNS WILL NOT BE ACCEPTED WITHOUT COPIES OF FEDERAL SCHEDULES C AND E, FORMS 1120, 1120S, FORM 1065 WHEN APPLICABLE. MUST INCLUDE ALL PAGES, SCHEDULES & STATEMENTS

FORM OR SCHEDULE	INCOME OR LOSS FROM FEDERAL SCHEDULE	TAX CREDIT ALLOWED FOR TAX PAID TO OTHER CITIES (LIMITED TO 1.5% OF INCOME)
1. SCHEDULE C – BUSINESS INCOME (Attach copy of form and any referenced schedules)		
2. SCHEDULE E – RENTAL INCOME (Residents enter profit/loss from all properties) Nonresidents enter only profit/loss from Clyde properties.		
3. SCHEDULE F - FARM INCOME (Attach copy of form and any referenced schedules)		
4. SCHEDULE K-1 (Residents enter profit/loss from entities that do not pay Clyde tax on entire distributive share.) (Attach copy of K-1)		
5. FORM 1120, 1120S, 1065, 1041 (Attach copy of form and any referenced schedules)		
<b>6. TOTAL OF LINES 1 THRU 5</b>		
7. Previous Year Net losses (Limited to 5 years) - schedule must be attached		
<b>8. SUBTRACT LINE 6 from Line 7</b>		
9. MISCELLANEOUS INCOME – 1099 MISC, W-2G, ETC. (Attach copy of supporting document)		
10. TOTAL INCOME (LOSS) (Combine Lines 8 & 9 and enter amount from 10A on Line 27 below and amount from 10B on Line 10 on page 1.	10A	10B

## SCHEDULE X RECONCILIATION WITH FEDERAL INCOME TAX RETURN (NOT FOR INDIVIDUAL NON-BUSINESS USE)

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
a. Capital Losses (Excluding Ordinary Losses).....	\$ _____	k. Capital gains (Excluding Ordinary Gains).....	\$ _____
b. Expenses incurred in the production of non-taxable income ...	_____	l. Interest Income.....	_____
c. Taxes based on income (Including Franchise Tax).....	_____	m. Dividend Income.....	_____
d. Net operating loss carry forward from Federal Return.....	_____	n. Section 179 Deduction.....	_____
e. Amounts paid or accrued on behalf of owners/partners for qualified self employed retirement plans, health insurance and/or life insurance.....	_____	o. Other (explain).....	_____
f. Officers Compensation not included in W-2 wages.....	_____	.....	_____
g. Other expenses not deductible (explain).....	_____	.....	_____
h. Total additions (enter on Line 28a).....	\$ _____	p. Total Deductions (enter on Line 28b).....	\$ _____

## SCHEDULE Y BUSINESS ALLOCATION FORMULA

	a. LOCATED EVERYWHERE	b. LOCATED IN CLYDE	c. PERCENTAGE (b ÷ a)
<b>STEP 1</b> Avg. Original Cost of Real & Tang. personal property	_____	_____	
Gross annual rentals paid multiplied by 8	_____	_____	
Total Step1	_____	_____	_____ %
<b>STEP 2</b> Gross receipts from sales made and/or work or services performed	_____	_____	_____ %
<b>STEP 3</b> Wages, salaries, and other compensation paid	_____	_____	_____ %
<b>STEP 4</b> Total percentages	_____	_____	_____ %
<b>STEP 5</b> Average percentage (Divide Total Percentages by Number of Percentages Used)			Carry to Line 29b below _____ %

27. Total from Schedule of Income From Other Than Wages above (Line 10A).....	\$ _____
28. a. Items Not Deductible.....	ADD \$ _____
b. Items Not Taxable.....	DEDUCT \$ _____
c. Enter excess of Line 28A or 28B (May be negative).....	\$ _____
29. a. <b>Adjusted Net Income</b> (Line 27 minus 28C).....	\$ _____
b. Amount allocable to Clyde. If Schedule Y is used then, _____% of Line 29a.....	\$ _____
30. Amount subject to Clyde Income Tax (Carry to Page 1 Line 4).....	\$ _____

### EXEMPTION CERTIFICATE (Signature is required on page 1)

I have no taxable income because of the reason indicated below:

- RETIRED – I received only pension, Social Security and/or interest or dividend income for the entire year.
- UNDER 18 for the entire year of \_\_\_\_\_. My date of birth is \_\_\_ / \_\_\_ / \_\_\_\_\_. (Attach copy of birth certificate or driver's license)
- ACTIVE MEMBER OF THE U.S. ARMED FORCES for the entire year of \_\_\_\_\_.
- NO EARNED INCOME for the entire year of \_\_\_\_\_. (Public assistance, SSI, Unemployment, etc. is not considered earned income.)