

# 2016 CLYDE INCOME TAX RETURN

FOR CALENDAR YEAR 2016 OR FISCAL PERIOD \_\_\_\_\_ TO \_\_\_\_\_

CALENDAR YEAR TAXPAYERS FILE ON OR BEFORE APRIL 18, 2017 FISCAL FILERS FILE WITHIN 105 DAYS OF PERIOD END

**DECLARING EXEMPTION:** Please fill out exemption certificate on page 2 and sign on this page

**FILING REQUIRED EVEN IF NO TAX IS DUE**

225 N. Main St.  
Clyde, OH 43410  
PH: 419-547-8917  
FAX: 419-547-8968

NAME: \_\_\_\_\_  
 NAME OF SPOUSE IF FILING JOINT: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY, STATE, ZIP: \_\_\_\_\_  
 PHONE #: \_\_\_\_\_  
 EMAIL ADDRESS: \_\_\_\_\_

**IF YOU MOVED OR HAD ANY CHANGE IN STATUS DURING 2016, COMPLETE THE FOLLOWING:**

Date moved into Clyde: \_\_\_\_\_  
 Previous Address: \_\_\_\_\_  
 Date moved out of Clyde: \_\_\_\_\_  
 If name change, give previous name: \_\_\_\_\_

SOCIAL SECURITY # OR FEDERAL ID # \_\_\_\_\_ SPOUSE SOCIAL SECURITY # \_\_\_\_\_

## W-2 WORKSHEET

W-2  
COPIES  
MUST  
BE  
ATTACHED

Date wages were Earned (Month/Day) From To	1 PRINT EMPLOYER'S NAME	2 CITY WHERE EMPLOYED	3 CLYDE TAX WITHHELD	4 OTHER CITY TAX WITHHELD	5 CREDIT ALLOWED FOR OTHER CITIES (Max - 1.5% of Wages)	6 QUALIFYING WAGES ON W2 (greater of box 5 or 18)
<b>TOTALS</b>						

**ATTACH A COPY OF 1040, ALL APPLICABLE W-2S, FEDERAL SCHEDULES, EXPLANATIONS ETC...**

INCOME	1. Total W-2 wages from column 6 .....	1		
	2. 2106 Expenses (Schedule A & Form 2106 Must Be Attached) .....	2		
	3. TAXABLE WAGES. SUBTRACT LINE 2 FROM LINE 1 .....	3		
	4. Income from other than wages (from line 30) .....	4		
	5. TOTAL CLYDE INCOME. ADD LINES 3 AND 4 .....	5		
TAX	6. CLYDE INCOME TAX. MULTIPLY LINE 5 BY 1.5% (0.015) .....	6		\$
TAX WITHHELD, PAYMENTS AND CREDITS	7. CLYDE income tax withheld from column 3 .....	7	\$	
	8. Prior year credits .....	8	\$	
	9. Estimated payments .....	9	\$	
	10. Credit for taxes withheld to other cities from column 5 and 10B.....	10	\$	
	11. TOTAL PAYMENTS AND CREDITS. ADD LINES 7 THROUGH 10 .....	11		\$
BALANCE DUE, REFUND OR CREDIT	12. <b>BALANCE DUE.</b> If line 6 is more than 11, enter balance due here .....	12		\$
	13. Late filing and late payment penalty (see instructions) .....	13		\$
	14. Interest (see instructions) .....	14		\$
	15. <b>TOTAL DUE.</b> Add lines 12 through 14. Carry to line 25 below (No tax due if \$10.00 or less) .....	15		\$
	16. <b>OVERPAYMENT.</b> If line 6 is less than line 11, enter overpayment here....	16	\$	
	17. AMOUNT FROM LINE 16 TO BE REFUNDED (no refund if \$10.00 or less) .....	17	\$	
	18. AMOUNT FROM LINE 16 TO BE CREDITED TO NEXT YEAR (no credit if \$10.00 or less).....	18	\$	

**DECLARATION OF ESTIMATED TAX – Taxpayers owing more than \$200.00 are required by law to set up and pay**

ESTIMATE FOR NEXT YEAR	19. Total estimated income subject to tax \$ _____ Multiply by tax rate of 1.5% (0.015) .....	19		
	20. Subtract any estimated income tax to be withheld or paid to other cities .....	20		\$
	21. Balance of city income tax declared. Subtract line 20 from line 19 .....	21		\$
	22. Tax due before credits. Enter at least 25% of line 21 .....	22		\$
	23. Less credits. Enter line 18 from above .....	23		\$
	24. Net estimated tax due. Subtract line 23 from line 22 .....	24		\$
TAX DUE	25. Enter balance due from line 15 above (No tax due if \$10.00 or less) .....	25		\$
	26. <b>TOTAL TAX DUE. ADD LINES 24 &amp; 25. PLEASE MAKE CHECKS PAYABLE TO CITY OF CLYDE.</b> .....	26		\$

**If this return was prepared by a tax practitioner, check here if we may contact him/her directly with questions regarding the preparation of this return.**

The undersigned declares under penalty of perjury that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated and that the figures used herein are the same as used for Federal Income Tax purposes.

\_\_\_\_\_  
SIGNATURE OF PREPARER, IF OTHER THAN TAXPAYER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF TAXPAYER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME AND ADDRESS OF PREPARER (PLEASE PRINT)

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
SIGNATURE OF SPOUSE (IF JOINT RETURN)

\_\_\_\_\_  
TELEPHONE NUMBER

# 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. <b>Total additions (enter on Line 28a)</b> .....	\$ _____	p. <b>Total Deductions (enter on Line 28b)</b> .....	\$ _____

## 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.)