CITY OF COLUMBIANA
INCOME TAX DEPARTMENT
28 W. Friend Street
Columbiana, Ohio 44408
Tax Office Phone 330-482-6184
www.cityofcolumbiana.org
DUE DATE: April 15, 2008

CITY OF COLUMBIANA INCOME TAX RETURN

For Calendar Year 2007 or

fiscal year ended

FISCAL YEAR DUE DATE:
120 days after end of Fiscal Period

Amount Paid With This Return

$

❑ Cash ❑ Money Order

❑ Check Check No. ____

❑ Check here if name or address has been changed Date of Audit Audited By _____

TAXPAYER'S NAME, ADDRESS

Social Security No. _____

Social Security No. _____

Federal I.D. Number _____

If moved since previous final return was due, give date moved:

Into City _____ Out of City _____

Check your status as a taxpayer: Employee ❑ Professional ❑ Proprietor ❑ Corporation ❑ Other ❑

Did you apply for or receive a local tax refund from another city during this year?

Yes ❑ No ❑

Retired and Taxpayers With No Taxable Income – Check Appropriate Box

Taxpayer	Spouse	
❑	❑	Retired - with only non-taxable income - Date Retired _____
❑	❑	Only income was from a non-taxable source - List Source _____
❑	❑	Under Age 18 - Birthdate _____ (Verification of age required for refund)
❑	❑	Active Duty Military
❑	❑	Deceased - Date _____

ATTACH LEGIBLE COPY OF ALL W-2'S, 1099 MISC and/or SCHEDULES W-2'S MUST BE SUBMITTED!

BEFORE PAYROLL DEDUCTIONS

ATTACH ALL W-2 COPIES HERE

1. Wages, Salaries, Tips and Other Employee Compensation ..... $ _____
2. Other Taxable Income (from Page 2 - if used) ..... $ _____
3. Total Taxable Income ..... $ _____
4. Municipal Tax Rate 1% of Line 3 ..... $ _____
5. Credits
   - A. Taxes withheld by Employers (for City of Columbiana) ..... $ _____
   - B. Estimated Taxes Paid Columbiana ..... $ _____
   - C. Income Tax Paid **ANOTHER** City (not to exceed 1/2 of 1% earned each locality) .... $ _____
   - D. Other Credits Allowed ..... $ _____
   - E. Total Credits ..... $ _____
6. **TAX DUE** (Pay in Full with this Return if $1.00 or More) Make Check to Columbiana Income Tax Dept. ..... $ _____
7. **OVER PAYMENT** (If line 4 is less than 5E) ..... $ _____
   - A. Over payment to be refunded ❑ (No Refunds Under $1.00) CREDITED to next year Estimate ❑ (No Credit Under $1.00)

DECLARATION OF ESTIMATED TAX FOR YEAR 20_

1. Total estimated income subject to tax $ _____ Multiply by tax rate .01 (1%) for gross tax .. $ _____
2. Less any CITY TAX to be withheld ..... $ _____
3. Balance of City of Columbiana Income Tax declared ..... $ _____
4. Less credits: A. Overpayment on previous years return ..... $ _____
   B. Previous payment, if this is an amended estimate $ _____
5. Net estimated tax due ..... $ _____
6. Amount paid with this declaration (at least 1/4 of line 5) ..... $ _____
7. Balance of estimate due ..... $ _____

The undersigned declare 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.

❑ Yes, I Authorize Direct Communication with Return Preparer.

_____ _____
Signature of Taxpayer *Date*

_____ _____
Signature of Taxpayer *Date*

_____ _____
Signature of Person Preparing if other than taxpayer *Date*

SCHEDULE C – PROFIT (Or Loss) FROM A BUSINESS OR PROFESSION

ATTACH COPY(S) OF FEDERAL SCHEDULES C AND F OR FEDERAL RETURN 1065 - 1120 - 1120-s

1. Net Profit (or Loss) from a Business or Profession (If Loss, enter "0") ..... $ _____
2. Add Items Not Deductible (Schedule X) ..... $ _____
3. Deduct Items Not Taxable (Schedule X) ..... $ _____
4. Adjust Net Income ..... $ _____
5. Amount allocable to Columbiana if Schedule Y is used _____% of line 4 ..... $ _____
6. Net Profit subject to Columbiana Income Tax .... $ _____

SCHEDULE G - INCOME FROM RENTS (If not included in Schedule C)

Attach Copy of Federal Schedule E

If Included in Schedule C, Line 5, Kind and Location of Each Property Must be Shown in Schedule G

INDIVIDUAL RENTING & LOCATION OF PROPERTY	Amt. of Rent	Depreciation	Repairs	Other Exp.	Net Income (or Loss)
	$	$	$	$	$

TOTAL INCOME (or loss) $

SCHEDULE H - OTHER INCOME NOT INCLUDED IN SCHEDULES C or G

Income from Partnerships, Estates & Trusts: Tips, Gratuities, Bonuses, Incentives, Prizes, Lottery Winnings (in excess of $5,000), Awards, Fees, Etc.

Received From	For (Describe)	Amount
Farm Income: From Federal Income Return Form 1040 (or loss)		

TOTAL $ _____

TOTAL SCHEDULES C, G & H ENTER ON LINE 2 (NOT LESS THAN "0"), PAGE 1 ..... $

SCHEDULE X – RECONCILIATION WITH FEDERAL INCOME TAX RETURN

ITEMS NOT DEDUCTIBLE – ADD		ITEMS NOT TAXABLE – DEDUCT	
a. Capital Losses	$ _____	e. Capital Gains (Excluding Ordinary Gain From 4797)	$ _____
b. All Income Taxes Paid	$ _____	f. Interest Received	$ _____
c. Withdrawals by Owner	$ _____	g. Dividends Received	$ _____
d. Net operating loss carry-forward from Federal Return	$ _____	h. Other (provide explanation)	$ _____
Total Additions (enter on line 2 above)	$ _____	Total Deductions (enter on line 3 above)	$ _____

SCHEDULE Y - BUSINESS APPORTIONMENT FORMULA

		a. Located Everywhere	b. Located in Columbiana	(b ÷ a) c. Percentage
STEP	Original Cost of Real & Tangible Personal Property	$	$	
	Gross Annual Rentals Multiplied by 8	$	$	
	Total Step 1	$	$	%
STEP2.	Gross Receipts from Sales made and/or Work or Services performed	$	$	%
STEP 3.	Wages, Salaries, Etc. Paid	$	$	%
STEP 4.	Total Percentages			%

STEP 5. Average Percentage (line 4 divided by number of percents) (Carry average percentage to line 5 above) ..... $ _____

SCHEDULE Z – PARTNERS' DISTRIBUTIVE SHARES OF NET INCOME

1. Name of each partner	2. Address	3. Distributive Shares of Partners: Percent	3. Distributive Shares of Partners: Amount	4. Other Payments	5. Taxable Percentage	6. Amount Taxable
(a)				$	$	$
(b)						
(c)						
(d)						
7. TOTALS from Schedule C above		100	$		xxxxxxxxx	

Has your Federal Tax liability for any prior year been changed in the year covered by this return as a result of an examination by The Internal Revenue Service? Yes _____ No _____ If Yes, has an Amended Columbiana Return been filed for such year or years? Yes _____ No _____