

FILE WITH:

VILLAGE OF WALBRIDGE DEPARTMENT OF TAXATION P.O. BOX 530 TOLEDO, OH 43697 Phone 419-666-1830 Fax 419-666-7173 www.walbridgeohio.org Make Checks Payable to Village of Walbridge

VILLAGE OF WALBRIDGE INCOME TAX RETURN Filing Required Even If No Tax Is Due

(TAX OFFICE USE ONLY)

2009

Fiscal Period to CALENDAR YEAR TAXPAYERS FILE ON OR BEFORE APRIL 15, 2010 FISCAL AND PARTIAL YEARS FILE WITHIN 105 DAYS OF END OF PERIOD FILING EXTENSION REQUESTS MUST BE RECEIVED BY NORMAL FILING DUE DATE

AUDIT AUDIT PF D P & I Check Cash Refund requested

Soc. Sec. No. (Taxpayer) Soc. Sec. No. (Spouse) Fed. I.D. No.

Your Name and Address as they appear on our records: Make any Necessary Corrections

RESIDENT NON-RESIDENT PART YEAR RESIDENT MOVED INTO WALBRIDGE ON OR MOVED OUT OF WALBRIDGE ON

DID YOU APPLY FOR OR RECEIVE A LOCAL TAX REFUND FROM ANOTHER CITY DURING THIS YEAR? RETIRED AND TAXPAYERS WITH NO TAXABLE INCOME - CHECK APPROPRIATE BOX, SEE INSTRUCTIONS

ATTACH ALL W-2 COPIES HERE

1. Wages, Salaries, Tips and other employee compensation 2. Other Income from Line 21 3. Total Incomes 4a. Items not deductible 4b. Items not taxable 4c. Difference between Lines 4a, and 4b 5a. Adjusted Net Income 5b. Amount allocable to VILLAGE OF WALBRIDGE 6. Amount subject to VILLAGE OF WALBRIDGE Income Tax 7. VILLAGE OF WALBRIDGE INCOME TAX 8. Credits 9a. Balance of Tax Due 9b. Late File Penalty 10. TAX DUE 11. Overpayment Claimed

DECLARATION OF ESTIMATED TAX FOR YEAR 20 12. Total estimated income subject to tax 13. Less any CITY TAX to be withheld 14. Balance of VILLAGE OF WALBRIDGE Income Tax declared 15. Less credits 16. Unpaid balance of net tax due 17. QUARTERLY ESTIMATE AMOUNT

GRAND TOTAL Total of TAX (line 10) and ESTIMATE PAYMENT (line 17) PAY THIS AMOUNT

The undersigned declares 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.

I authorize the Income Tax Division to discuss my account with the preparer named below. Signature of Taxpayer or Agent Date

Signature of Person Preparing if Other Than Taxpayer Date Signature of Spouse (if Filing Jointly) Phone

SCHEDULE C – PROFIT (or Loss) FROM BUSINESS OR PROFESSION

ATTACH COPY(S) OF: FEDERAL SCHEDULES C AND F OR FEDERAL RETURN 1065 – 1120 – 1120-S
LISTING OF ALL SUBCONTRACTORS THAT WORKED IN VILLAGE OF WALBRIDGE THROUGHOUT THE YEAR

18. NET PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION.....(If Loss, enter "0") \$

SCHEDULE E - INCOME FROM RENTS (if not included in Schedule C.) (Explain columns 3 – 4 – 5)

ATTACH COPY OF FEDERAL SCHEDULE E

1. Kind & Location of Property	2. Amount of Rent	3. Depreciation	4. Repairs	5. Other Expenses	6. Net Income (or Loss)
	\$	\$	\$	\$	\$

19. TOTAL RENTAL INCOME (If Loss, enter "0") \$

SCHEDULE G - ORDINARY INCOME

ATTACH COPY OF FEDERAL FORM 4797

INDIVIDUALS USE LINE 18(b)(2) FROM FORM 4797
ALL OTHER USE LINE 18 FROM FORM 4797

20. TOTAL ORDINARY INCOME (If Loss, enter "0") \$

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

PARTNERSHIPS, ESTATES, TRUSTS, GAMING, WAGERING, LOTTERY, FEES, ETC. (Do not include interest, dividends, insurance and social security)

RECEIVED FROM	FOR (DESCRIBE)	AMOUNT
		\$

21. TOTAL INCOME SCHEDULE H (If Loss, enter "0") \$

22. TOTAL SCHEDULES C, E, G, & H, ENTER ON LINE 2, PAGE 1 \$

**SCHEDULE X – RECONCILIATION WITH FEDERAL INCOME TAX RETURN
TO EXCLUDE INCOME NOT TAXABLE, AND EXPENSES NOT ALLOWABLE**

Schedule X entries are allowed only to the extent directly in determination of net profits as shown on your Federal Return.

ITEMS NOT DEDUCTIBLE		ADD	ITEMS NOT TAXABLE		DEDUCT
a. Capital Losses – Section 1221 or 1231	\$	_____	i. Capital Gains – Section 1221 or 1231	\$	_____
b. 5% of Line K – Intangible Income		_____	j. Intangible Income (excluding 1221 gains)		
c. Taxes based on Income		_____	Interest Income		_____
d. REIT – other Investor Benefits (See Instr.)		_____	Dividends		_____
e. Guaranteed Payments to Partners		_____	Other		_____
f. Self-employed/owner expenses (See Instr.)		_____	k. Subtotal Intangible Income		_____
		_____	l. Other Deductions (See Inst.)		_____
g. Other (explain)		_____	m. Other (explain)		_____
h. TOTAL ADDITIONS (enter Line 2A, Page 1)	\$	_____	z. TOTAL DEDUCTIONS (enter Line 2B, Page 1)	\$	_____

SCHEDULE Y – BUSINESS ALLOCATION FORMULA

	a. Located Everywhere	b. Located in VILLAGE OF WALBRIDGE	c. Percentage (b ÷ a)
STEP 1. Average Value of Real & Tangible Personal Property	_____	_____	
Gross Amount Rentals Paid Multiplied by 8	_____	_____	
TOTAL STEP 1	_____	_____	_____ %
STEP 2. Gross Receipts From Sales Made and/or Work Or Service Performed	_____	_____	_____ %
STEP 3. WAGES, SALARIES, Etc. Paid	_____	_____	_____ %
4. Total Percentages	_____	_____	_____ %
5. Average Percentage (Divide Total Percentages by Number of Percentages Used-Carry to Line 5b)			_____ %

SCHEDULE Z – PARTNERS' DISTRIBUTIVE SHARES OF NET INCOME

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