

MAIL RETURN AND PAYMENT TO: City of Greenville Income Tax Department 100 Public Square Greenville, OH 45331 On or before April 30 or four (4) months after the end of the fiscal period.	<h1 style="margin:0;">2003</h1> <h2 style="margin:0;">GREENVILLE</h2> <h3 style="margin:0;">INCOME TAX RETURN</h3> <p style="margin:0;">FILING REQUIRED EVEN IF NO TAX DUE</p> <p style="margin:0;">OR FISCAL PERIOD _____ TO _____</p> <h2 style="margin:0;">FORM R</h2>	MAKE CHECK OR MONEY ORDER PAYABLE TO: City of Greenville AUDITED BY: POSTMARK: EXTENSION: MONTHS LATE:	OFFICE USE ONLY
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NAME AND ADDRESS (please make necessary changes)	OFFICE #'S PHONE: 548-5747 FAX: 548-3035 TELEPHONE: _____ HOME _____ BUSINESS _____ TAXPAYER SS. # _____ SPOUSE SS. # _____ FEDERAL ID. # _____ If you moved since the previous final return was due, give date of move and the previous address. DATE MOVED _____ PREVIOUS ADDRESS _____ INTO CITY _____ OR OUT OF _____ TYPE OF BUSINESS: <input type="checkbox"/> CORP <input type="checkbox"/> PARTN <input type="checkbox"/> SOLE PROP IF OTHER EXPLAIN _____
..... Check here if you want the tax preparer contacted for any questions on your return	
ARE YOU A CITY RESIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/> DID YOU FILE A PREVIOUS YEAR RETURN? YES <input type="checkbox"/> NO <input type="checkbox"/> HAS IRS INCREASED YOUR INCOME TAX LIABILITY FOR ANY PRIOR YEAR? YES <input type="checkbox"/> NO <input type="checkbox"/> IF SO, HAS AN AMENDED CITY INCOME TAX RETURN BEEN FILED? YES <input type="checkbox"/> NO <input type="checkbox"/> PRINCIPAL BUSINESS ACTIVITY: _____	

NOTE: Reverse side must be completed if you have taxable rental property or business income.

1. WAGES, SALARIES, TIPS AND OTHER EMPLOYEE COMPENSATION (ATTACH ALL W-2'S) (LOTTERY/GAMBLING WINNINGS AND ALIMONY SHOULD BE REPORTED IN BOX 1).....	1	
2. OTHER TAXABLE INCOME OR DEDUCTIONS FROM REVERSE SIDE.....	2	
3. TAXABLE INCOME BOX 1 PLUS BOX 2.....	3	
4. MUNICIPAL TAX 1% OF BOX 3.....	4	
5. CREDITS:		
A. GREENVILLE CITY TAX WITHHELD BY EMPLOYER.....	5A	
B. ESTIMATED TAX PAID (DO NOT ROUND).....	5B	
C. PRIOR YEAR OVERPAYMENT (DO NOT ROUND).....	5C	
D. TOTAL CREDITS.....	5D	
6. TAX DUE (IF BOX 4 IS GREATER THAN 5D, PAYMENT OF BALANCE MUST ACCOMPANY THIS RETURN).....	6	
7. PENALTY\$ _____ PLUS INTEREST\$ _____	7	
8. LATE FILING FEE \$25/\$50.....	8	
9. AMOUNT DUE BEFORE ESTIMATED TAXES.....	9	
10. OVERPAYMENT: REFUNDED\$ _____ OR CREDITED TO EST. TAXES\$ _____		

NOTE: IF THE BALANCE DUE IS LESS THAN \$1.00, PAYMENT NEED NOT BE MADE, AND IF THE OVERPAYMENT IS LESS THAN \$1.00 NO REFUND OR CREDIT WILL BE ISSUED.

DECLARATION OF ESTIMATED TAX FOR YEAR 2004

11. INCOME SUBJECT TO TAX\$ _____ TIMES TAX RATE OF 1% FOR GROSS TAX OF.....	11	
12. GREENVILLE CITY TAX WITHHELD BY EMPLOYER.....	12	
13. NET TAX DUE (BOX 11 LESS BOX 12).....	13	
14. LESS OVERPAYMENT CREDIT FROM 2003 RETURN (DO NOT ROUND).....	14	
15. NET TAX DUE (BOX 13 LESS BOX 14).....	15	
16. AMOUNT PAID WITH THIS DECLARATION (NOT LESS THAN 1/4 OF BOX 15).....	16	
17. BALANCE OF ESTIMATED TAX.....	17	

AMOUNT DUE \$ _____ (BOX 9) + \$ _____ (BOX 16) =	TOTAL
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I CERTIFY THAT I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT & COMPLETE. IF PREPARED BY PERSON OTHER THAN TAXPAYER, THE DECLARATION IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE.

Signature of Preparer _____ Date _____	Signature of Taxpayer _____ Date _____
Address of Preparer _____	Signature of Taxpayer _____ Date _____
Phone # _____	Fax # _____

PLEASE ATTACH W-2'S TO FRONT, HERE

DO NOT USE THIS PAGE IF YOUR ONLY SOURCE OF INCOME IS FROM WAGES.

ALL APPROPRIATE FEDERAL SCHEDULES MUST BE ATTACHED.
 ANY DEDUCTIONS NOT SUPPORTED BY SCHEDULES WILL BE DISALLOWED.

SCHEDULE C — BUSINESS INCOME	
1. ATTACH COPIES OF FEDERAL SCHEDULES (ENTER TOTAL INCOME FROM SCHEDULES)	1
2. A. ITEMS NOT DEDUCTIBLE (FROM LINE M SCHEDULE X)	2.A
B. ITEMS NOT TAXABLE (FROM LINE Z SCHEDULE X)	2.B
C. DIFFERENCE BETWEEN BOXES 2A AND 2B TO BE ADDED TO OR SUBTRACTED FROM BOX 1	2C
3. A. ADJUSTED INCOME (BOX 1 PLUS OR MINUS 2C IF SCHEDULE X IS USED)	3A
B. AMOUNT OF BOX 3A ABOVE ALLOCABLE _____% FROM STEP 5 SCHEDULE Y	3B
4. NET OPERATING LOSS FROM PRIOR YEARS 2002 \$ _____, 2001 \$ _____, 2000 \$ _____	4
5. NET BUSINESS INCOME	5

SCHEDULE E — INCOME FROM RENTS						ALL RENTALS ARE TAXABLE
(ATTACH STATEMENT EXPLAINING COLUMNS 3, 4 AND 5)						
1. KIND & LOCATION OF PROPERTY	2. AMOUNT OF RENT	3. DEPRECIATION	4. REPAIRS	5. OTHER EXPENSES	6. NET INCOME (OR LOSS)	
	\$	\$	\$	\$	\$	
NET INCOME (or Loss) SCHEDULE E					\$	

SCHEDULE H — OTHER INCOME NOT INCLUDED IN SCHEDULE E FROM PARTNERSHIPS, CORPORATIONS, ESTATES, TRUSTS, FEES, ETC.		
RECEIVED FROM	FOR (DESCRIBE)	AMOUNT
TOTAL INCOME SCHEDULE H		\$

ADD TOTALS OF SCHEDULES C, E & H. ENTER HERE AND ON LINE 2, PAGE 1 \$

SCHEDULE X — RECONCILIATION WITH FEDERAL INCOME TAX RETURN			
ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
A. Capital losses deducted	\$	N. Capital gains from sales, exchange or other disposition of capital or other assets (from federal schedule D)	\$
B. Expenses attributable to non-taxable income		O. Interest earned or accrued	
C. City or State income taxes		P. Dividends	
D. Net operating loss deduction per Federal Return		Q. Income from patents and copyrights	
E. Payments to partners (Form 1065)		R. One half (1/2) self employment tax	
F. Sick pay (Wage Continuation) not included on page 1		S. Self employed health insurance deduction	
G. Other expenses not deductible (explain)		T. Other income exempt from Greenville tax (explain)	
H. Payments to Keogh and IRA or other deferred compensation plan			
M. TOTAL ADDITIONS	\$	Z. TOTAL DEDUCTIONS	\$

SCHEDULE Y — BUSINESS ALLOCATION FORMULA			
	A. LOCATED EVERYWHERE	B. LOCATED IN CITY	C. PERCENTAGE (B ÷ A)
STEP 1. AVERAGE VALUE OF REAL AND TANGIBLE PERSONAL PROPERTY	\$	\$	
GROSS ANNUAL RENTALS MULTIPLIED BY 8	\$	\$	
TOTAL OF STEP 1	\$	\$	%
STEP 2. TOTAL WAGES, SALARIES, COMMISSIONS AND OTHER COMPENSATION PAID TO ALL EMPLOYEES	\$	\$	%
STEP 3. GROSS RECEIPTS FROM SALES AND WORK/SERVICES PERFORMED	\$	\$	%
STEP 4. TOTAL OF PERCENTAGES			%
STEP 5. AVERAGE PERCENTAGE (DIVIDE TOTAL PERCENTAGES BY NUMBER OF PERCENTAGES USED) ENTER HERE AND ON LINE 3B, SCHEDULE C ABOVE			%