

MAIL RETURN AND PAYMENT TO:

City of Greenville
Income Tax Department
100 Public Square
Greenville, OH 45331
Phone: 548-5747 • Fax: 548-3035
www.cityofgreenville.org

NAME AND ADDRESS (please make necessary changes)

2005 GREENVILLE
INCOME TAX RETURN
FILING REQUIRED EVEN IF NO TAX DUE
OR FISCAL PERIOD TO

Due on or before April 15. Fiscal year taxpayers shall file on or before the 15th day of the fourth month following the close of their fiscal year.

FORM R

MAKE CHECK OR MONEY ORDER PAYABLE TO: City of Greenville

OFFICE USE ONLY

CHECKED BY:
POSTMARK:
EXTENSION:
MONTHS LATE:

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: CORP PARTN 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 NO

DID YOU FILE A PREVIOUS YEAR RETURN? YES NO

HAS IRS INCREASED YOUR INCOME TAX LIABILITY FOR ANY PRIOR YEAR? YES NO

IF SO, HAS AN AMENDED CITY INCOME TAX RETURN BEEN FILED? YES NO

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)
2. OTHER TAXABLE INCOME OR DEDUCTIONS FROM REVERSE SIDE
3. TAXABLE INCOME BOX 1 PLUS BOX 2
4. MUNICIPAL TAX 1.5% OF BOX 3
5. CREDITS:
A. GREENVILLE CITY TAX WITHHELD BY EMPLOYER
B. CITY TAX PAID TO ANOTHER MUNICIPALITY (NOT TO EXCEED 1.5% OF EACH WAGE)
C. ESTIMATED TAX PAID
D. PRIOR YEAR OVERPAYMENT
E. TOTAL CREDITS
6. TAX DUE (IF BOX 4 IS GREATER THAN 5E, PAYMENT OF BALANCE MUST ACCOMPANY THIS RETURN)
7. PENALTY (10% BOX 6) PLUS INTEREST (1% BOX 6 TIMES NUMBER OF MONTHS LATE)
8. LATE FILING FEE \$25 IF FILED 4/16 TO 5/15, \$50 AFTER 5/15
9. AMOUNT DUE BEFORE ESTIMATED TAXES (MAKE CHECK OR MONEY ORDER PAYABLE TO: CITY OF GREENVILLE)
10. OVERPAYMENT: REFUNDED \$ OR CREDITED TO EST. TAXES \$

NOTE: IF THE BALANCE DUE IS LESS THAN \$5.00, PAYMENT NEED NOT BE MADE, AND IF THE OVERPAYMENT IS LESS THAN \$5.00 NO REFUND WILL BE ISSUED.

DECLARATION OF ESTIMATED TAX FOR YEAR 2006

11. INCOME SUBJECT TO TAX \$ TIMES TAX RATE OF 1.5% FOR GROSS TAX OF
12. GREENVILLE CITY TAX WITHHELD BY EMPLOYER
13. OTHER CITY TAX CREDIT (NOT TO EXCEED 1.5% OF THAT PORTION TAXED)
14. NET TAX DUE (BOX 11 LESS BOXES 12 + 13)
15. LESS OVERPAYMENT CREDIT FROM 2005 RETURN
16. NET TAX DUE (BOX 14 LESS BOX 15)
17. AMOUNT PAID WITH THIS DECLARATION (NOT LESS THAN 1/4 OF BOX 16)
18. BALANCE OF ESTIMATED TAX

AMOUNT DUE \$ (BOX 9) + \$ (BOX 17) = TOTAL

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 2004 \$ _____, 2003 \$ _____, 2002 \$ _____ .....	4	
5. NET BUSINESS INCOME .....	5	

**SCHEDULE E – INCOME FROM RENTS (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 SCHEDULES C OR E (ATTACH FEDERAL SCHEDULES)**  
 INCOME FROM PARTNERSHIPS, ESTATES, TRUSTS, FEES, TIPS, PRIZES, ETC.

RECEIVED FROM	FOR (DESCRIBE)	AMOUNT
TOTAL INCOME SCHEDULE H .....		\$

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

**SCHEDULE X – RECONCILIATION WITH FEDERAL INCOME TAX RETURN (ATTACH SUPPORTING SCHEDULES)**

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
A. Federally deducted losses from IRC 1221 or 1231 property dispositions .....	\$ _____	N. Federally reported income and gains from IRC 1221 or 1231 property dispositions except to the extent the income and gains apply to those described in IRC 1245 or 1250.....	\$ _____
B. Five percent of intangible income reported in letter O, except that from IRC 1221 property dispositions.....	\$ _____	O. Interest earned or accrued .....	\$ _____
C. City or State income taxes .....	\$ _____	P. Dividends .....	\$ _____
D. Net operating loss deduction per Federal Return.....	\$ _____	Q. Other Intangible Income .....	\$ _____
E. Federally deducted dividends, distributions, or amounts set aside for, credited to, or distributed to REIT or RIC investors .....	\$ _____	R. Amount of Federal Tax Credits to the extent they have reduced corresponding operating expenses .....	\$ _____
F. Federally deducted amounts paid or accrued to or for qualified self-employed retirement plans, health insurance plans, and life insurance plans for owners or owner-employees of non-C corporation entities .....	\$ _____	S. Not previously deducted IRC Section 179 Expense .....	\$ _____
G. Rental activities by partnership, S corp, LLC .....	\$ _____	T. Partnership, S corp, LLC charitable contributions .....	\$ _____
H. Payments to partners (form 1065).....	\$ _____	U. Other income exempt from Greenville tax .....	\$ _____
I. Other expenses not deductible (explain).....	\$ _____	Z. Total (enter on line 2.B at top) .....	\$ _____
M. Total (enter on line 2.A at top) .....	\$ _____		

**SCHEDULE Y – BUSINESS APPORTIONMENT FORMULA**

	A. LOCATED EVERYWHERE	B. LOCATED IN THIS CITY	C. PERCENTAGE (B ÷ A)
STEP 1. ORIGINAL COST 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.....			_____ %