

MAIL RETURN AND PAYMENT TO:

City of Greenville

Income Tax Department
100 Public Square, Greenville, OH 45331
Phone: (937) 548-5747 • Fax: (937) 548-3035
www.cityofgreenville.org

2008 CITY OF GREENVILLE
INCOME TAX RETURN

FILING REQUIRED EVEN IF NO TAX DUE

OR FISCAL PERIOD TO

Due on or before April 15, 2009. 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

Table with 2 columns: Description (PMT., P.M., EXT., M.L.) and Amount.

NAME AND CURRENT ADDRESS:

TELEPHONE NO.

Your SSN or FIN

Spouse SSN

Occupation or Nature of Business

Spouse's Occupation

Complete if moved since last return or part year resident

Old Address

Date Moved (in) (out)

Dates of Employment

DID YOU FILE A CITY INCOME TAX RETURN THE PREVIOUS YEAR? YES NO

Check here if you want the tax preparer contacted for any questions on your return

Resident - Greenville Non-Resident Part Year Resident (check one)

RETIRED AND TAXPAYERS WITH NO TAXABLE INCOME: REASON (CHECK APPROPRIATE BOX)

Under 18 Years of Age for Entire Year, Date of Birth

Active Duty Military for Entire Year

All income was from a Federally Qualified Retirement Plan, Date Retired

All Income was from a Non-Taxable Source, List Source

2008 CITY OF GREENVILLE INCOME TAX RETURN

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

Table with 2 columns: Description (WAGES, SALARIES, TIPS...), and Line Number (1-10).

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.

2009 DECLARATION OF ESTIMATED TAX

Table with 2 columns: Description (INCOME SUBJECT TO TAX \$...), and Line Number (11-18).

AMOUNT DUE \$ (LINE 9) + \$ (LINE 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.

Signature of Preparer Date

Signature of Taxpayer Date

Address of Preparer

Signature of Taxpayer Date

Phone # Fax #

**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**

ATTACH W-2(S) HERE

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 LINES 2A AND 2B TO BE ADDED TO OR SUBTRACTED FROM LINE 1 ..... 2C \_\_\_\_\_
3. A. ADJUSTED INCOME (LINE 1 PLUS OR MINUS 2C IF SCHEDULE X IS USED) ..... 3A \_\_\_\_\_
- B. AMOUNT OF LINE 3A ABOVE ALLOCABLE \_\_\_\_\_% FROM STEP 5 SCHEDULE Y ..... 3B \_\_\_\_\_
4. NET OPERATING LOSS FROM PRIOR YEARS 2007 \$ \_\_\_\_\_, 2006 \$ \_\_\_\_\_, 2005 \$ \_\_\_\_\_ ..... 4 \_\_\_\_\_
5. NET BUSINESS INCOME ..... 5 \_\_\_\_\_

**SCHEDULE E – INCOME FROM RENTS**

1. ADDRESS 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 (PARTNERSHIPS, ESTATES, TRUSTS, PRIZES, DIRECTOR FEES, MISCELLANEOUS, COMMISSIONS, 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 (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 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.....			_____ %