

## **2023 VILLAGE OF GAMBIER** INDIVIDUAL INCOME TAX RETURN

FILE ON OR BEFORE APRIL 16, 2024

NAME AND ADDRESS INDICATE CHANGE(S) BY CHECKING □ NAME □ ADDRESS EFFECTIVE DATE\_

INCOME TAX DEPARTMENT P.O. BOX 1994 GAMBIER, OHIO 43022 PHONE (740) 427-2051 WWW.VILLAGEOFGAMBIER.ORG

SOCIAL SECURITY #

SPOUSE SOCIAL SECURITY #

	FOR OFFICE USE ONLY			
	DATE REC'D			
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	PMT\$			
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	•	CHECK#		

**ENTER NAME & ADDRESS** 

COMPLETE THIS SECTION IF ONLY INCOME IN 2023 WAS NON-TAXABLE.	PARTIAL YR. RESIDENT:  DATE MOVED IN: / /   DATE MOVED OUT: / / /	CHECK#
□ I HAD NON-TAXABLE INCOME OF □ ACTIVE MILITARY PAY □ UNEMPLOYMENT □ DISABILITY (PROOF REQUIRED IN AM UNDER 18 YEARS OF AGE; LIST DATE OF BIRTH □ TAXPAYER DECEMENT OF EMPLOYMENT. EXPLAIN □ TAXPAYER DECEMENT.	-	SOCIAL SECURITY/PENSION DINTEREST/DIVIDENDS
NOTE: ATTACH ALL FEDERAL FORMS AND SCHEDULES TO THIS F  1. TOTAL QUALIFYING WAGES (REPORT THE HIGHER OF BOX 5 C  2. INCOME OTHER THAN WAGES. (NO LOSS CAN OFF-SET W-2 WA  3. Enter ALLOWABLE LOSS (SEE WORKSHEET B)	DR BOX 18 ON W-2 FORM) ATTACH A AGES (SEE WORKSHEET A)	<u>\$</u>
5. TAX – Multiply Taxable Income – Line 4 by 1.5%	L W-2'S\$	
11. BALANCE DUE OR OVERPAYMENT (Line 5 minus Line 10)	it is required.  150.00 for each failure to timely filemonths\$  ated income tax\$ months\$  INE 11 AND LINE 15)\$	 \$ \$\$
MANDATORY 2024 DECLARATION OF ESTIMATED TAX. IF YOU ESTIMATED TAX DURING 2024. THIS TAX MUST BE PAID QUESTABLISHED BY ORDINANCE. SEE ESTIMATED WORKS	IARTERLY TO AVOID A 15% PENALTY	FROM BEING ADDED AS
THE UNDERSIGNED DECLARES THAT THIS RETURN (INCLUDING ACCONCORRECT AND COMPLETE RETURN FOR THE TAXABLE PERIOD STATED IF THIS RETURN WAS PREPARED BY A TAX PROFESSIONAL, MAY WE CO	UNDER PENALTY OF PERJURY.	
SIGNATURE OF TAXPAYER (REQUIRED)  DATE	SIGNATURE OF PREPARER, IF OTHER THAN T	AXPAYER DATE
SIGNATURE OF SPOUSE (IF JOINT RETURN, BOTH MUST SIGN)  TELEPHONE NUMBER  MAKE CHECK PAYABLE TO	NAME AND ADDRESS OF PREPARER  O "VILLAGE OF GAMBIER"	TELEPHONE NUMBER

SEND TO VILLAGE OF GAMBIER DIVISION OF INCOME TAX, P.O. BOX 1994, GAMBIER, OHIO 43022 Office Hours 8:00am - 4:00 pm Monday to Thursday

WORKSHEET A			
TTACH FEDERAL FORM 1040 & FEDERAL SCHEDULES	PROFIT	LOSS	
PROFIT/LOSS FROM ANY BUSINESS OWNED (ATTACH FEDERAL SCHEDULE C)	\$	\$	
PROFIT/LOSS FROM ANY RENTAL INCOME (ATTACH FEDERAL SCHEDULE E)	\$	\$	
PROFIT/LOSS FROM NON-GAMBIER VILLAGE PARTNERSHIP (ATTACH FEDERAL SCHEDULE E)	\$	\$	
OTHER INCOME (EXPLAIN SOURCE OR ATTACH SUPPORTING DOCUMENTATION)	\$	\$	
REPORT TOTAL PROFIT/LOSS HERE (USE THIS AMOUNT FOR LINE2 ABOVE)	\$		

### INSTRUCTIONS

- 1. LINE 1 Report the higher Box 5/Medicare Wages or Box 18/Local Wages on your W-2 form(s). Include 402 (k) and group life insurance payments. ALL W-2's MUST BE ATTACHED TO THIS FORM.
- 2. LINE 2 To be completed if you have income other than W-2 income. (NO LOSS CAN OFFSET W-2 WAGES) MUST ATTACH FEDERAL FORM 1040 AND FEDERAL SCHEDULES. (WORKSHEET A)
- 3. LINE 3 Enter ALLOWABLE LOSS OF 50%. (WORKSHEET B)
- 4. LINE 4 Total Taxable Income (Add Line 1 and Line 2, Subtract 3).
- 5. LINE 5 TAX Multiply Taxable Income, Line 4 by 1.5%
- 6. LINE 6 Enter the amount withheld for Village of Gambier (Local/Box 19 on W-2).
- 7. LINE 7 Credit for taxes paid to another City is limited to 1.5% of the amount of income earned in that City on which tax was due and paid. You must take each W-2 and compute the tax credit individually, then insert the total tax credits on Llne 7. Example: On an income of \$10,000.00 earned in a City with a 2.25% earnings tax rate, the employer should withhold \$225.00. The maximum allowable credit for Village of Gambier in this case would be \$150.00 (1.5% of \$10,000.00)
- 8. LINE 8 Enter payments made on Declaration of Estimated Tax.
- 9. LINE 9 Enter prior year overpayment that was not refunded.
- 10. LINE 10 Enter total payments and credits (Add LINE 6 through LINE 9).
- 11. LINE 11 Balance due or overpayment (Line 5 minus Line 10). If tax due/refund amount is under \$10.00, no payment required; no refund/credit carry forward will be issued.
- 12. LINE 12 Late filing penalty (after April 15th due date) \$25.00 dollars per month up to \$150.00
- 13. LINE 13 Penalty of 15% of the amount not timely paid, including unpaid estimated income tax.
- 14. LINE 14 Interest rate of .5% per month on all unpaid taxes.
- 15. LINE 15 Total Penalty (Add Line 12 through Line 14).
- 16. LINE 16 Total tax due including penalty & interest (Sum of Line 11 and Line 15).
- 17. LINE 17 Overpayment to be refunded or credited to next year. Amounts under \$10.00 will not be refunded, billed or carried forward.

#### **WORKSHEET B**

	2019	2020	2021	2022	2023
Net Operating Loss Carryforward					
50% of NOL					
Loss used this year (Limit 50%)					
NOL Available for next year					

## LIST OF TAXABLE AND NON-TAXABLE INCOME

THE FOLLOWING IS A LIST OF WHAT INCOME IS TAXABLE AND WHAT INCOME IS NOT. PLEASE NOTE THESE LISTS ARE NOT ALL INCLUSIVE AND IF YOU HAVE RECEIVED ANY TYPE OF INCOME THAT DOES NOT APPEAR ON THE LIST, CONTACT THE INCOME TAX DEPARTMENT FOR ASSISTANCE.

#### **TAXABLE INCOME**

Gross wages, salaries, commission and other compensation to include:

- Vacation pay (including annual leave.)
- 2. Sick pay (excluding third party sick pay). Income from wage-continuation plans.
- Stock options taxed when exercised on amount 4. indicated on W-2 form.
- 5. Cost of group term life insurance over \$50,000.
- Severance pay.
- Compensation paid in property or the use thereof at fair market value to the same extent as taxable under the Federal Internal Revenue Act and so indicated on the W-2 form.
- 8. Tips.
- 9 Deferred Income Plans.
- 10. 401-K Plans.
- Income from guaranteed annual wage contracts. 11.
- Bonuses, prizes, lottery and gambling winnings. 12.
- 13. Directors fees.
- 14. Union steward fees.
- Ordinary income from Form 4797. 15.
- Profit Sharing if from non-qualified plan.
  Oil and gas rights income. 16.

#### **NET PROFITS FROM:**

Unincorporated businesses:

- Sole proprietorships Schedule C or C-EZ
- b. Rental properties - Schedule E
- Partnerships Schedule B
- Farm Net Income Schedule F
- Trusts and Estates (file and pay as entity)

# **NON-TAXABLE INCOME**

- A. Military, Reserve and National Guard pay.
- B. Income earned while under 18 years of age.
- Alimony and Child Support.
- D. Capital gains unless filed on Form 4797.
- E. Interest.
- F. Dividends
- G. Social Security benefits.
- H. Worker's Compensation.
- Ι. State unemployment benefits.
- Welfare payments.
- K. Income of religious, fraternal, charitable, scientific, literary or educational institutions to the extent that such income is derived from tax-exempt real estate, tax-exempt tangible or intangible property or tax-exempt activities.
- L. Housing for Clergy.
- $\label{eq:matter} \text{M. Pension income} \stackrel{-}{-} \text{includes lump sum distributions,}$
- N. Annuities at time of distribution.
- O. 125 Cafeteria Plan contribution
- Income from Boards of Elections (voting booth) up to \$1,000.00
- Q. Third party sick pay

## 2024 DECLARATION PAYMENT CALENDAR

April 18, 2024 File return. Make 1st Quarter payment.