



2023 VILLAGE OF GAMBIER  
INDIVIDUAL INCOME TAX RETURN

FILE ON OR BEFORE APRIL 16, 2024

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

FOR OFFICE USE ONLY

DATE  
REC'D

PMT \$

CHECK #

NAME AND ADDRESS INDICATE CHANGE(S) BY CHECKING

☐ NAME ☐ ADDRESS EFFECTIVE DATE \_\_\_\_\_

ENTER NAME & ADDRESS

SOCIAL SECURITY #

SPOUSE SOCIAL SECURITY #

PARTIAL YR. RESIDENT:

DATE MOVED IN: \_\_\_\_/\_\_\_\_/\_\_\_\_

DATE MOVED OUT: \_\_\_\_/\_\_\_\_/\_\_\_\_

COMPLETE THIS SECTION IF ONLY INCOME IN 2023 WAS NON-TAXABLE.

- ☐ I HAD NON-TAXABLE INCOME OF ☐ ACTIVE MILITARY PAY ☐ UNEMPLOYMENT ☐ DISABILITY (PROOF REQUIRED) ☐ I AM RETIRED AND HAVE NON-TAXABLE INCOME OF ☐ SOCIAL SECURITY/PENSION ☐ INTEREST/DIVIDENDS  
☐ I AM UNDER 18 YEARS OF AGE; LIST DATE OF BIRTH \_\_\_\_\_ ☐ TAXPAYER DECEASED; LIST DATE OF DEATH \_\_\_\_\_  
☐ NO EMPLOYMENT. EXPLAIN \_\_\_\_\_

NOTE: ATTACH ALL FEDERAL FORMS AND SCHEDULES TO THIS FORM

INCOME  
1. TOTAL QUALIFYING WAGES (REPORT THE HIGHER OF BOX 5 OR BOX 18 ON W-2 FORM) ATTACH ALL W-2'S .....\$ \_\_\_\_\_  
2. INCOME OTHER THAN WAGES. (NO LOSS CAN OFF-SET W-2 WAGES (SEE WORKSHEET A).....\$ \_\_\_\_\_  
3. Enter ALLOWABLE LOSS (SEE WORKSHEET B).....\$ \_\_\_\_\_  
4. TOTAL TAXABLE INCOME (ADD LINE 1 AND LINE 2. SUBTRACT LINE 3).....\$ \_\_\_\_\_

TAX  
5. TAX – Multiply Taxable Income – Line 4 by 1.5% .....\$ \_\_\_\_\_

TAX WITHHELD, PAYMENTS & CREDITS  
6. Village of Gambier tax withheld (Local/Box 19 on W-2).ATTACH ALL W-2'S.....\$ \_\_\_\_\_  
7. Credit allowed for earnings taxed by other cities (Limited to 1.5%)  
(W-2 must show tax paid to other city or attach other receipted city return).....\$ \_\_\_\_\_  
8. 2022 Declaration of Estimated Tax paid to Village of Gambier.....\$ \_\_\_\_\_  
9. Prior Year Overpayment that was not refunded .....\$ \_\_\_\_\_  
10. TOTAL PAYMENT AND CREDITS (ADD LINE 6 THROUGH 9) .....\$ \_\_\_\_\_

BALANCE DUE, REFUND OR CREDIT  
11. BALANCE DUE OR OVERPAYMENT (Line 5 minus Line 10) .....\$ \_\_\_\_\_  
Note: If tax due/overpaid is under \$10.00, no payment or refund/credit is required.  
12. Late filing penalty at the rate of \$25.00 per month. May not exceed \$150.00 for each failure to timely file.  
Penalty applies regardless of the tax liability on the return. \$25.00 x \_\_\_\_\_ months. ....\$ \_\_\_\_\_  
13. Penalty of 15% of the amount not timely paid, including unpaid estimated income tax. ....\$ \_\_\_\_\_  
14. Interest rate of .583% per month on all unpaid taxes. .583% x \_\_\_\_\_ months. ....\$ \_\_\_\_\_  
15. Total Penalty & Interest (Add Line 12 through Line 14) .....\$ \_\_\_\_\_  
16. TOTAL TAX DUE INCLUDING PENALTY & INTEREST (SUM OF LINE 11 AND LINE 15) .....\$ \_\_\_\_\_  
17. Overpayment to be refunded \$ \_\_\_\_\_ or Credit to next year estimate \$ \_\_\_\_\_  
AMOUNTS UNDER \$10.00 WILL NOT BE REFUNDED, BILLED OR CARRIED FORWARD.

**MANDATORY 2024 DECLARATION OF ESTIMATED TAX. IF YOU OWE \$200 OR MORE IN TAX IN 2023, YOU MUST FILE AND PAY ESTIMATED TAX DURING 2024. THIS TAX MUST BE PAID QUARTERLY TO AVOID A 15% PENALTY FROM BEING ADDED AS ESTABLISHED BY ORDINANCE. SEE ESTIMATED WORKSHEET ON VILLAGE WEBSITE TO DETERMINE AMOUNTS DUE.**

THE UNDERSIGNED DECLARES THAT THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS(S)) IS A TRUE, CORRECT AND COMPLETE RETURN FOR THE TAXABLE PERIOD STATED UNDER PENALTY OF PERJURY.

IF THIS RETURN WAS PREPARED BY A TAX PROFESSIONAL, MAY WE CONTACT THEM DIRECTLY WITH QUESTIONS? ☐ YES ☐ NO

SIGNATURE OF TAXPAYER (REQUIRED)

DATE

SIGNATURE OF PREPARER, IF OTHER THAN TAXPAYER

DATE

SIGNATURE OF SPOUSE (IF JOINT RETURN, BOTH MUST SIGN)

TELEPHONE NUMBER

NAME AND ADDRESS OF PREPARER

TELEPHONE NUMBER

MAKE CHECK PAYABLE TO "VILLAGE OF GAMBIER"

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

ATTACH 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 LINE 2 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 Line 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
<b>Net Operating Loss Carryforward</b>					
<b>50% of NOL</b>					
<b>Loss used this year (Limit 50%)</b>					
<b>NOL Available for next year</b>					

## 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:

1. Vacation pay (including annual leave.)
2. Sick pay (excluding third party sick pay).
3. Income from wage-continuation plans.
4. Stock options – taxed when exercised on amount indicated on W-2 form.
5. Cost of group term life insurance over \$50,000.
6. Severance pay.
7. 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.
11. Income from guaranteed annual wage contracts.
12. Bonuses, prizes, lottery and gambling winnings.
13. Directors fees.
14. Union steward fees.
15. Ordinary income from Form 4797.
16. Profit Sharing – if from non-qualified plan.
17. Oil and gas rights income.

### NET PROFITS FROM:

Unincorporated businesses:

- a. Sole proprietorships – Schedule C or C-EZ
- b. Rental properties – Schedule E
- c. Partnerships – Schedule B
- d. Farm Net Income – Schedule F
- e. 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.
- C. Alimony and Child Support.
- D. Capital gains – unless filed on Form 4797.
- E. Interest.
- F. Dividends.
- G. Social Security benefits.
- H. Worker's Compensation.
- I. State unemployment benefits.
- J. 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.
- M. Pension income – includes lump sum distributions.
- N. Annuities – at time of distribution.
- O. 125 Cafeteria Plan contribution
- P. 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.

**June 15, 2024**  
Make 2nd  
Quarterly payment.

**September 15, 2024**  
Make 3rd  
Quarterly payment.

**January 15, 2025**  
Make 4th  
Quarterly payment.

**April 15, 2025**  
File return.  
Pay any balance due.