FOR ASSISTANCE
CALL (419) 562-6767

2015 BUCYRUS INCOME TAX RETURN

P.O. Box 28, Bucyrus, OH 44820-0028 • DUE ON OR BEFORE APRIL 18, 2016

MAKE CHECKS PAYABLE TO
BUCYRUS INCOME TAX DEPT

(LIST BOTH NAMES AND SOCIAL SECURITY NUMBERS IF FILING A JOINT RETURN)

NAME(S) _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

CITY _____ STATE _____ ZIP _____

TAXPAYER SSN: _____

TAXPAYER DATE OF BIRTH: _____

SPOUSE SSN: _____

SPOUSE DATE OF BIRTH: _____

PHONE NUMBER: _____

IF YOU RENT, NAME AND ADDRESS OF LANDLORD: _____

IF YOU MOVED DURING THE YEAR,YOU MUST COMPLETE LINES BELOW:

DATE OF MOVE: IN: _____ OUT: _____

PRESENT ADDRESS: _____

PREVIOUS ADDRESS: _____

A

I AM NOT REQUIRED TO COMPLETE SECTION B OF THIS TAX RETURN BECAUSE:

- ☐ UNDER 18 YEARS OF AGE
- ☐ LIST DATE OF BIRTH _____
- ☐ TOTAL/PERMANENT DISABILITY
- ☐ ONLY INCOME IS FROM NON TAXABLE SOURCE, LIST SOURCE _____
- ☐ MOVED FROM BUCYRUS PRIOR TO 1/1/15, LIST DATE OF MOVE _____
- ☐ TAXPAYER DECEASED, LIST DATE OF DEATH _____
- ☐ RETIRED PRIOR TO 1/1/15 – PLEASE REFER TO ENCLOSED WAIVER _____

B

EMPLOYER'S NAME	PHYSICAL WORK LOCATION (CITY)	AMOUNT OF BUCYRUS INCOME TAX WITHHELD	CITY TAX WITHHELD IN OTHER CITIES CANNOT EXCEED 2.00%	TOTAL W-2 WAGES

1. TOTALS (ATTACH ALL W-2'S) ..... 1.
2. INCOME OTHER THAN WAGES FROM WORKSHEETS ON REVERSE (ATTACH ALL SUPPORTING DOCUMENTATION) ..... 2. _____
3. TOTAL INCOME (ADD "TOTAL W-2 WAGES" FROM LINE 1 AND "OTHER INCOME" FROM LINE 2) ..... 3. _____
4. TAX - LINE 3 MULTIPLIED BY 2.0% (.020) ..... 4. _____

   5A. BUCYRUS TAX WITHHELD ..... 5A. _____

   B. CREDIT FOR OTHER CITY TAX WITHHELD (Cannot exceed 2.00%) ..... B. _____

   C. 2015 ESTIMATED PAYMENTS ..... C. _____

   D. TOTAL TAX CREDITS (ADD LINES A, B, C) ..... 5D. _____
6. IF LINE 4 IS GREATER THAN LINE 5D ENTER BALANCE DUE (NOT LESS THAN $2.01) ..... 6. _____
7. IF LINE 5D IS GREATER THAN LINE 4 ENTER OVERPAYMENT (NOT LESS THAN $2.01) ..... 7. _____

   AMOUNT TO BE: REFUNDED _____ OR CREDITED TO 2016 _____
8. PENALTY _____ AND INTEREST _____ LATE FILING FEE _____ ..... 8. _____
9. BALANCE DUE (ADD LINE 6 AND 8) Payable to Bucyrus Income Tax Dept. ..... 9. _____

DECLARATION OF ESTIMATED TAX FOR YEAR 2016

10. TOTAL ESTIMATED TAX FOR 2016 (2% X INCOME) ..... 10. _____
11. LESS CREDITS (INCLUDING PRIOR YEAR CREDIT FROM LINE 7) ..... 11. _____
12. NET TAXES OWED ..... 12. _____
13. AMOUNT PAID WITH THIS DECLARATION (1/4 OF BOX 12) ..... 13. _____

14. TOTAL DUE (ADD LINES 9 AND 13) ..... 14. _____

C

I certify I have examined this return includirg accompanying schedules and statements, and to the best of my knowledge and belief it is true, and correct. If this return was prepared by a Tax Practitioner, may we contact your practitioner directly with questions regarding the preparation of this return? ☐ YES ☐ NO

_____
Your Signature Date

_____
Spouse's signature (if filing jointly). (BOTH must sign even if only one had income.)

_____
Signature & address of preparer (if other than taxpayer) Date

☐ VISA ☐ MasterCard ☐ DISCOVER

Card # _____

Exp. Date _____ Card Verification # (3 Digit) _____

Name on Card _____

Signature _____

FOR TAX OFFICE USE ONLY

☐ W-2	☐ SCH E	☐ EXAMINED _____
☐ 1099	☐ SCH F	PAID _____
☐ 2106	☐ K-1	☐ CHECK/MO # _____ ☐ CASH
☐ SCH C	☐ OTHER:	BALANCE DUE _____

WORKSHEET A - OTHER INCOME (From Schedules and Attachments)

TYPE	LOCATION	Net Taxable Gain From Fed. Schedule	Net Taxable Loss From Fed. Schedule
Proprietorship Income (Schedule C)			
Rental Income (Schedule E)			
Reportable Partnership Income (Schedule E/K-1)			
Farm Income (Schedule F)			
Other Income			
Not less than - 0 -			To Worksheet C

Rentals may aggregate profits for a net rental income, but no net loss may be taken against other income. All other businesses may or may not aggregate profits and losses of separate businesses for a net profit depending on if such profits and losses are aggregated on Schedule SE (1040) for Federal Income Tax purposes. In no case may business losses be taken against wages or other compensation earned as an employee.

Only the resident partner's share of partnership or S-Corp income or losses not attributable to Bucyrus should be included on this return.

WORKSHEET B - NON-RESIDENT DAYS OUT FORMULA

VACATION DAYS _____ (+) HOLIDAYS _____ (+) SICK LEAVE DAYS _____ = (1) _____

260 DAYS LESS (1) _____ = (2) _____ DAYS WORKED

SALARY $ _____ ÷ (2) _____ = (3) $ _____ AVERAGE RATE PER DAY WORKED

NUMBER OF DAYS WORKED OUT OF BUCYRUS (4) _____

(2) _____ LESS (4) _____ = _____ DAYS WORKED IN BUCYRUS

(4) _____ X (3) _____ = (5) $ _____ WAGES NOT TAXABLE FOR BUCYRUS

*IF 12 OR LESS DAYS WERE WORKED IN BUCYRUS, TRANSFER "SALARY" TO WORKSHEET C INSTEAD OF LINE (5).

YOU MUST ATTACH A SCHEDULE OF DATES AND LOCATIONS WORKED OUTSIDE OF BUCYRUS.

WORKSHEET C - NET INCOME/ADJUSTMENT

TOTAL FROM WORKSHEET A ..... $ _____
NOT LESS THAN -0-

EMPLOYEE BUSINESS EXPENSE ..... – $ _____
MUST ATTACH FORM 2106

WAGES NOT TAXABLE ..... – $ _____
FROM WORKSHEET B

NET INCOME / ADJUSTMENT..... $ _____
(TO PART B, LINE 2)

SCHEDULE Y – BUSINESS APPORTIONMENT FORMULA

Sole-proprietorships of non-residents, which do business both inside and outside of Bucyrus, are only required to pay income tax on the portion of the profits earned while conducting business in Bucyrus. The business apportionment formula shown below must be used to determine the portion of net profits apportioned to the City of Bucyrus.

		A. Located Everywhere	B. Located in Bucyrus	C. Percentage (B ÷ A)
Step 1.	Average original cost of real and tangible personal property	$ _____	$ _____	
	Gross annual rentals multiplied by 8	$ _____	$ _____	
	Total step 1	$ _____	$ _____	_____ %
Step 2.	Gross receipts from sales and work or services performed	$ _____	$ _____	_____ %
Step 3.	Total wages, salaries, commissions, and other compensation of all employees	$ _____	$ _____	_____ %
Step 4.	Total percentages			_____ %
Step 5.	Average percentage (Divide total percentages by number of percentages used – Multiply by Net Taxable Gain from Federal Schedule C and enter on Worksheet A)		_____ %	

SCHEDULE H – OTHER INCOME NOT INCLUDED ON FEDERAL SCHEDULES

RENTAL INCOME (if a Federal Return is not required)

1. Location of Property	2. Amount of Rent Received	3. Mortgage Payment	4. Repairs	5. Other Expenses	6. Total Expenses (add boxes 3, 4 & 5 together)	7. Total Income or Loss (subtract box 6 from box 2)

INCOME FROM SALES OR SERVICES (if a Federal Return is not required)

1. Type of Products Sold or Services Provided	2. Total Received from Customers	3. Total Paid for Products or Materials	4. Total Income or Loss (subtract box 3 from box 2)

Enter Total Income or Loss (box 7 for Rental Income or box 4 for Income from Sales or Service) under "Other Income" on Worksheet A.