

# 2016 BUCYRUS INCOME TAX RETURN

P.O. Box 28, Bucyrus, OH 44820-0028 • DUE ON OR BEFORE APRIL 18, 2017

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 1/1/16, LIST DATE OF MOVE \_\_\_\_\_
- TAXPAYER DECEASED, LIST DATE OF DEATH \_\_\_\_\_
- RETIRED PRIOR TO 1/1/16 - 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. 2016 ESTIMATED PAYMENTS OR CREDITS ..... 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 \$9.99) ..... 6. \_\_\_\_\_
7. IF LINE 5D IS GREATER THAN LINE 4 ENTER OVERPAYMENT (NOT LESS THAN \$9.99) ..... 7. \_\_\_\_\_
- AMOUNT TO BE: REFUNDED \_\_\_\_\_ OR CREDITED TO 2017 \_\_\_\_\_
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 2017

10. TOTAL ESTIMATED TAX FOR 2017 (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 including 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

Card # \_\_\_\_\_  
Exp. Date \_\_\_\_\_ Card Verification # (3 Digit) \_\_\_\_\_  
Name on Card \_\_\_\_\_  
Signature \_\_\_\_\_

**FOR TAX OFFICE USE ONLY**

- W-2
- 1099
- 2106
- SCH C
- SCH E
- SCH F
- K-1
- OTHER:
- EXAMINED \_\_\_\_\_
- PAID \_\_\_\_\_
- CHECK/MO # \_\_\_\_\_
- CASH
- 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			
<b>Not less than - 0 -</b>			To Worksheet C

Rentals may aggregate profits for a net rental 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 or rental 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 20 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) .....			<div style="border: 1px solid black; display: inline-block; padding: 2px;">_____ %</div>

**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.