

2008 BUCYRUS INCOME TAX RETURN

P.O. Box 28, Bucyrus, OH 44820-0028 • DUE ON OR BEFORE APRIL 15, 2009

MAKE CHECKS PAYABLE TO
BUCYRUS INCOME TAX DEPT

IF NAME OR ADDRESS IS INCORRECT MAKE NECESSARY CHANGES
(LIST BOTH NAMES & SOCIAL SECURITY NUMBERS IF FILING A JOINT RETURN)

NAME(S) _____
PHYSICAL ADDRESS: _____
MAILING ADDRESS: _____
CITY _____ STATE _____ ZIP _____

TAXPAYER SSN: _____
SPOUSE SSN: _____
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 1/1/08, LIST DATE OF MOVE _____
- TAXPAYER DECEASED, LIST DATE OF DEATH _____
- RETIRED PRIOR TO 1/1/08 - 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 1.5%	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 1.5% (.015) 4. _____
- 5A. BUCYRUS TAX WITHHELD 5A. _____
- B. CREDIT FOR OTHER CITY TAX WITHHELD (CANNOT EXCEED 1.5%) B. _____
- C. 2008 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 2009 _____
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 2009

10. TOTAL ESTIMATED TAX FOR 2009 (1.5% 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

FOR TAX OFFICE USE ONLY

- W-2
- 1099
- 2106
- SCH C
- SCH E
- SCH F
- K-1
- OTHER:
- AUDIT _____
- 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			
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)			<input type="text" value=""/> %

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.