

2001 - BUCYRUS INCOME TAX RETURN - 2001

P.O. Box 28, Bucyrus, OH 44820-0028 • DUE ON OR BEFORE APRIL 30, 2002

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

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: _____
PRESENT ADDRESS: _____
PREVIOUS ADDRESS: _____

A

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

- UNDER 18 YEARS OF AGE
 TOTAL/PERMANENT DISABILITY
 ONLY INCOME IS FROM NON TAXABLE SOURCE, LIST SOURCE _____
 MOVED FROM BUCYRUS PRIOR TO 1/1/01, LIST DATE OF MOVE _____
 TAXPAYER DECEASED, LIST DATE OF DEATH _____
 RETIRED PRIOR TO 1/1/01 - LIST DATE OF RETIREMENT _____

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 FEDERAL SCHEDULES AND 1099'S) 2. _____
3. TOTAL INCOME (ADD "TOTAL W-2 WAGES" FROM LINE 1 AND "OTHER INCOME" FROM LINE 2) 3. _____
4. TAX - BOX 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. 2001 ESTIMATE PAYMENTS C. _____
- D. TOTAL TAX CREDITS (ADD BOX A, B, C) 5D. _____
6. IF BOX 4 IS GREATER THAN BOX 5D ENTER BALANCE DUE (NOT LESS THAN \$2.01) 6. _____
7. IF BOX 5D IS GREATER THAN BOX 4 ENTER OVERPAYMENT (NOT LESS THAN \$2.01) 7. _____
- AMOUNT TO BE: REFUNDED _____ OR CREDITED TO 2002 _____
8. PENALTY _____ AND INTEREST _____ LATE FILING FEE _____ 8. _____
9. BALANCE DUE (ADD BOX 6 AND 8) Payable to Bucyrus Income Tax Dept. 9. _____

DECLARATION OF ESTIMATED TAX FOR YEAR 2002

10. TOTAL ESTIMATED TAX FOR 2002 (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 BOXES 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

- SE
 W-2
 2106
 SCH C
 SCH E
 SCH F
 K-1
 OTHER: _____
- AUDIT _____
 PAID _____
 BALANCE DUE _____

MAKE CHECKS PAYABLE TO BUCYRUS INCOME TAX DEPT

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
1/2 SELF-EMPLOYMENT DEDUCTION - \$ _____
MUST ATTACH SCHEDULE SE
WAGES NOT TAXABLE - \$ _____
FROM WORKSHEET B
NET INCOME / ADJUSTMENT \$ _____
(to Part B, Line 2)

SCHEDULE Y – BUSINESS ALLOCATION 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. Actual accounting books and records showing the net profit attributable to Bucyrus are preferred. However, if these are not available or do not show a true and accurate picture of business net profits in Bucyrus, then the business allocation formula shown below may be used to determine the portion of net profits allocable to the City of Bucyrus.

	A. Located Everywhere	B. Located in Bucyrus	C. Percentage (B ÷ A)
Step 1. Average value 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.