

Form IR \_\_\_\_\_ File With \_\_\_\_\_  
**LEESBURG INCOME TAX**  
 P.O. Box 305  
 57 South Fairfield St.  
 Leesburg, OH 45135  
 Phone (937) 780-6380  
 Fax (937) 780-6012

# LEESBURG INCOME TAX RETURN

**FILING REQUIRED EVEN IF NO TAX DUE**  
**DUE ON OR BEFORE APRIL 18**  
 www.leesburgohio.org

Make checks or  
 Money Orders Payable to  
**Leesburg Income Tax Bureau**

**LATE FILING OF THIS RETURN SUBJECTS YOU TO INTEREST AND A MINIMUM PENALTY OF \$25.00**

**TAXPAYER'S NAME, ADDRESS**

CURRENT EMPLOYER \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 EMAIL ADDRESS \_\_\_\_\_  
 TELEPHONE: HOME \_\_\_\_\_  
 BUSINESS \_\_\_\_\_  
 S.S.# - TAXPAYER \_\_\_\_\_ SPOUSE \_\_\_\_\_  
 IF MOVED SINCE THE PREVIOUS FINAL  
 RETURN WAS DUE GIVE DATE OF MOVE  
 INTO CITY \_\_\_\_\_ OUT OF \_\_\_\_\_

**NOTE: Page 2 must be completed if you have taxable rental property or business income.**

		OFFICE USE ONLY
1. QUALIFYING WAGES (USUALLY MEDICARE WAGE ON W-2) TIPS AND OTHER EMPLOYEE COMPENSATION . . . . .	\$ _____	\$ _____
(ATTACH ALL W-2s) (PLEASE INCLUDE 401-K AND DEFERRED COMPENSATION)		
2. OTHER TAXABLE INCOME (INCLUDE SCHEDULE C, E AND/OR F) - (SEE INSTRUCTIONS) . . . . .	\$ _____	\$ _____
3. TAXABLE INCOME: LINE 1, PLUS LINE 2 . . . . .	\$ _____	\$ _____
4. MUNICIPAL TAX 1% OF LINE 3 . . . . .	\$ _____	\$ _____
5. CREDITS		
A. TAX WITHHELD BY EMPLOYER FOR VILLAGE OF LEESBURG . . . . .	\$ _____	
B. _____ ESTIMATED TAX PAID VILLAGE OF LEESBURG . . . . .	\$ _____	
C. _____ TAX PAID CITY OR VILLAGE OF _____ (NOT TO EXCEED 1% OF THAT PORTION OF EARNINGS TAXED.)	\$ _____	
D. PRIOR YEAR OVERPAYMENTS . . . . .	\$ _____	
E. TOTAL CREDITS . . . . .	\$ _____	\$ _____
6. TAX DUE IF LINE 4 GREATER THAN LINE 5E, PAYMENT OF BALANCE MUST ACCOMPANY THIS RETURN: . . . . . TAX DUE	\$ _____	\$ _____
A. PENALTY \$ _____ INTEREST \$ _____ TOTAL	\$ _____	\$ _____
B. TOTAL AMOUNT DUE . . . . .	\$ _____	\$ _____
7. OVERPAYMENT TO BE REFUNDED \$ _____ OR CREDITED \$ _____ TO NEXT YEAR ESTIMATE		

**NO TAXES OR REFUNDS OF LESS THAN \$1.00 SHALL BE COLLECTED OR REFUNDED.**  
 By law, all refunds & credits in excess of \$10.00 are being reported to the IRS.

## DECLARATION OF ESTIMATED TAX FOR YEAR \_\_\_\_\_

8. TOTAL INCOME SUBJECT TO TAX \$ _____ : MULTIPLY BY TAX RATE OF 1% FOR GROSS TAX OF . . . . .	\$ _____
9. LESS EXPECTED TAX CREDITS	
A. WITHHELD BY AN EMPLOYER (NOT TO EXCEED 1%) . . . . .	\$ _____
B. OVERPAYMENT FROM PRIOR YEAR(S) . . . . .	\$ _____
C. PAYMENTS ON TAXABLE INCOME TO ANOTHER MUNICIPALITY (NOT TO EXCEED 1%) . . . . .	\$ _____
D. TOTAL CREDITS . . . . .	\$ _____
10. NET TAX DUE (LINE 8 LESS LINE 9D) . . . . .	\$ _____
11. AMOUNT PAID WITH THIS DECLARATION (NOT LESS THAN 1/4 OF LINE 10) . . . . .	\$ _____
12. TOTAL OF THIS PAYMENT (LINE 6B PLUS LINE 11) . . . . .	\$ _____

MAKE CHECKS PAYABLE TO LEESBURG INCOME TAX BUREAU

I CERTIFY THAT I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE. IF PREPARED BY A PERSON OTHER THAN TAXPAYER, THE DECLARATION IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE.

CHECK BOX IF WE MAY DISCUSS THIS RETURN WITH YOUR PREPARER

Signature of Person Preparing if Other Than Taxpayer \_\_\_\_\_ Date \_\_\_\_\_

Signature of Taxpayer or Agent \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Signature of Taxpayer or Agent \_\_\_\_\_ Date \_\_\_\_\_

THIS PAGE TO BE COMPLETED ONLY BY THOSE WHO HAVE MUNICIPAL TAXABLE INCOME OTHER THAN WAGES.

13. PROFIT FROM ANY BUSINESS OWNED (ATTACH COPY OF FEDERAL SCHEDULE C) ..... \$ \_\_\_\_\_

14. RENTAL INCOME (ATTACH COPY OF FEDERAL SCHEDULE E) ..... \$ \_\_\_\_\_

15. OTHER INCOME (ATTACH COPY OF APPROPRIATE FEDERAL SCHEDULE) ..... \$ \_\_\_\_\_

16. TOTAL OTHER INCOME (LINES 13 THRU 15) ..... \$ \_\_\_\_\_

17. CREDITS

    A. DEDUCTIBLE EXPENSES (ATTACH FEDERAL FORMS) ..... \$ \_\_\_\_\_

    B. NON-TAXABLE INCOME: EXPLAIN \_\_\_\_\_ \$ \_\_\_\_\_

    C. TOTAL DEDUCTIONS ..... \$ \_\_\_\_\_

18. NET OTHER TAXABLE INCOME (INSERT IN LINE 2 PAGE 1) ..... \$ \_\_\_\_\_

**INSTRUCTIONS**

**FOR COMPLETION OF LINES 1 THRU 18**

- LINE NO.
2. To be completed only if you are required to complete lines 13-16. Note: BUSINESS LOSSES (INCLUDING RENTAL LOSSES) MAY NOT BE USED TO OFFSET WAGES.
6. A&B To be completed by Tax Office only when tax has not been paid on time.
17. A—Credits will be allowed only when a W-2 is attached and all unreimbursed expenses must be substantiated by proper schedules.

**TAXABLE INCOME** — Enter the grand total of qualifying wages from all W-2 forms for the tax year. Each W-2 form should be examined as the local wage should equal the Medicare wages. QUALIFYING WAGES FOR LEESBURG INCLUDES 401K CONTRIBUTIONS, DEFERRED ANNUITY PLANS, AND STOCK OPTIONS. Also net profits of business, professions, farm income, rental income or other activities.

**NON-TAXABLE INCOME** — Military pay, income such as interest, dividends, annuities, unearned income such as poor relief, compensation received for unemployment or injury, social security, pensions, retirement income.

NOTE: UNLESS ACCOMPANIED BY PAYMENT OF THE BALANCE OF THE PREVIOUS TAX DECLARED DUE (LINE 6B) AND AT LEAST 1/4 OF THE ESTIMATED TAX FOR CURRENT YEAR (LINE 10) THIS FORM IS NOT A LEGAL FINAL RETURN OR DECLARATION.

**DECLARATION AND RETURN PAYMENT CALENDAR**

<u>APRIL 15</u>	<u>JULY 31</u>	<u>OCTOBER 31</u>	<u>JANUARY 31</u>	<u>APRIL 15</u>
File Declaration with 1/4th payment.	Make 2nd quarterly payment.	Make 3rd quarterly payment.	Make 4th quarterly payment.	File return, Pay any balance, due.

**EXTENSION POLICY:** Extensions may, upon request, be granted for filing of the annual return, provided an IRS extension has been secured. EXTENSION REQUESTS MUST BE MADE IN WRITING AND RECEIVED BY THIS TAX OFFICE BEFORE THE ORIGINAL DUE DATE OF THE RETURN. Only those extension requests received in duplicate with a self-addressed, postpaid envelope will have a copy returned after being appropriately marked.