

CHECK YOUR STATUS AS A TAXPAYER

- Full year resident filing individual
Full year resident filing jointly
Part year resident
Non Resident tax not withheld
S Corp C Corp
Partnership
Rental Properties

2015 INDIVIDUAL / BUSINESS INCOME TAX FORM

Due by April 18th, 2016

If Partial Year or Fiscal Period, give dates
, 2015 through



I AM EXEMPT FROM FILING BECAUSE:

- Retired no other taxable income
Exempt under \$5000.00 tax withheld
Other (explain below)

Social Security No. (taxpayer)

Social Security No. (spouse)

Federal ID# (Business returns)

If You Moved During Year of This Return, Give Date Into Coshocton Out of Coshocton

Phone #

Should your account be deactivated? No Yes (reason)

NAME AND ADDRESS: INDICATE ABOVE CHANGE(S) BY CHECKING NAME ADDRESS

W-2 Copies Must Be Attached (on reverse side)

Table with columns for INCOME, TAX, and TAX WITHHELD, PAYMENTS & CREDITS. Rows include Total Taxable Wages, Net Business Income, and Total Taxable Income.

Table for TAX WITHHELD, PAYMENTS & CREDITS. Rows include Coshocton Tax Withheld, Credit allowed for taxed earnings, and Total Payments and Credits.

Table for BALANCE DUE, REFUND OR CREDIT. Rows include Balance Due or Overpayment, Penalty & Interest, Total Amount Due, and Overpayment.

DECLARATION OF ESTIMATED TAX FOR YEAR 2016. REQUIRED ON ALL INCOME FROM WHICH COSHOCTON TAX IS NOT WITHHELD.

Table for MANDATORY ESTIMATE FOR NEXT YEAR and TAX DUE. Rows include Estimated 2016 Income Subject To Coshocton Tax, Estimated Tax Due, Credits, and Total Tax Due.

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 this return was prepared by a Tax Practitioner, may we contact your practitioner directly with questions regarding the preparation of this return? No Yes

Signature of Person Preparing if Other Than Taxpayer Date Signature of Taxpayer Date
Address or Name & Address of Preparer if Other Than Taxpayer Signature of Spouse (if joint return) Date

THIS SECTION TO BE COMPLETED ONLY BY THOSE WITH PROFIT OR LOSS FROM INCOME OTHER THAN WAGES
FEDERAL SCHEDULES K, C & E CAN NOT OFFSET EACH OTHER

ATTACH W-2S HERE

SCHEDULE C - BUSINESS INCOME (ATTACH FEDERAL RETURN)

- 1. ENTER TOTAL INCOME FROM SCHEDULES
2. A. ITEMS NOT DEDUCTIBLE (FROM LINE M SCHEDULE X)
B. ITEMS NOT TAXABLE (FROM LINE Z SCHEDULE X)
C. DIFFERENCE BETWEEN LINES 2A AND 2B TO BE ADDED OR SUBTRACTED FROM LINE 1
3. A. ADJUSTED INCOME (LINE 1 PLUS OR MINUS 2C IF SCHEDULE X IS USED)
B. AMOUNT ALLOCABLE TO THIS CITY (LINE 5 OF SCHEDULE Y)
4. NET BUSINESS INCOME (LINE 3A MULTIPLIED BY LINE 3B)
(IF POSITIVE, ENTER ON LINE 2A, PAGE 1 OR IF NEGATIVE, ENTER ZERO ON LINE 2A, PAGE 1)

SCHEDULE E - RENTAL INCOME (ATTACH FEDERAL RETURN)

- 1. ENTER TOTAL RENTAL INCOME
2. ENTER TOTAL RENTAL EXPENSES
3. ENTER NET INCOME (DIFFERENCE BETWEEN LINES 1 AND 2)
(IF POSITIVE, ENTER ON LINE 2B, PAGE 1 OR IF NEGATIVE, ENTER ZERO ON LINE 2B, PAGE 1)

ALL OTHER NON WAGE INCOME (ATTACH FEDERAL RETURN)

- 1. ENTER TOTAL INCOME
2. ENTER TOTAL EXPENSES
3. ENTER NET INCOME (DIFFERENCE BETWEEN LINES 1 AND 2)
(IF POSITIVE, ENTER ON LINE 2C, PAGE 1 OR IF NEGATIVE, ENTER ZERO ON LINE 2C, PAGE 1)

SCHEDULE X BUSINESS INCOME SCHEDULE (including resident pass-through income)

Table with 4 columns: ITEMS NOT DEDUCTIBLE, ADD, ITEMS NOT TAXABLE, DEDUCT. Rows include A-F for additions and N-Q for deductions, ending with M. TOTAL ADDITIONS and Z. TOTAL DEDUCTIONS.

SCHEDULE Y BUSINESS ALLOCATION FORMULA

NOTE: This schedule is applicable only to entities doing business both within and outside Coshocton city limits.

Table for business allocation formula with columns: a. LOCATED EVERYWHERE, b. LOCATED IN THIS MUNICIPALITY, c. PERCENTAGE (b ÷ a). Rows include STEP 1-5 for property, wages, sales, and average percentage.

SCHEDULE Z NON-RESIDENT INDIVIDUALS

Non-residents employed in Coshocton but occasionally working outside of Coshocton are permitted to pro-rate income to exclude time worked outside of Coshocton. You must attach a letter from your employer certifying the specific dates you were employed out of town and the location of such out-of-town employment.

Non-resident taxpayers proportioning annual income, use formula below, if appropriate:

Income \$ _____ X _____ (Days worked outside Coshocton) = \$ _____
260 (Total work days) (Enter on Line 1C)