

**INDIVIDUAL - 2008
INCOME TAX RETURN
SHELBY**

**ATTACH ALL COPIES OF W-2'S, 1099'S,
AND FEDERAL SCHEDULES
TAXES WITHHELD FROM OTHER CITIES
LIMITED TO 1.25% ONLY.**

Tax Office Use Only : Tax Office Use Only :	
TOTAL TAX LIABILITY _____	
TOTAL TAX PAID W/ RETURN _____	
CHECK # _____	
CASH _____	

Taxpayer's Social Security No. _____	
Home Telephone No. _____	Business Telephone No. _____
Spouse's Social Security No. _____	
Spouse's Name _____	
Home Telephone No. _____	Business Telephone No. _____

Name _____
And _____
Address _____

Filing Status		IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES	
<input type="checkbox"/> Single	<input type="checkbox"/> RESIDENT	INTO	/ /
<input type="checkbox"/> Married filing joint	<input type="checkbox"/> NON-RESIDENT	OUT OF	/ /
IF YOU RENT, PLEASE GIVE LANDLORDS INFORMATION			
NAME _____			
ADDRESS _____			

Income

1 Wages, salaries, etc.	1	<input type="text"/>	
2 Other taxable income from Worksheet B	2	<input type="text"/>	
3 Total taxable income (add lines 1 and 2)			3 <input type="text"/>

Tax and Credits

4 Shelby tax due before credits (1.25% of line 3)			4 <input type="text"/>
5 Estimated tax payments made to Shelby	5	<input type="text"/>	
6 Taxes withheld and paid to Shelby	6	<input type="text"/>	
7 Overpayment from prior year(s)	7	<input type="text"/>	
8 Taxes withheld and paid to other localities (Maximum Credit 1.25%)	8	<input type="text"/>	
9 Total credits (add lines 5 through 8)			9 <input type="text"/>

Refund (Issued if tax due is greater than)

10 If line 9 is greater than line 4, subtract line 4 from line 9. This is the amount you overpaid			10 <input type="text"/>
11 Amount of line 10 to be credited to next years estimate	11	<input type="text"/>	
12 Amount of line 10 to be refunded (\$5.00 or greater)	12	<input type="text"/>	

Tax Due (Issued if tax due is greater than)

13 If line 4 is more than line 9, subtract line 9 from 4, this is the tax amount you owe			13 <input type="text"/>
14 Penalties and interest Late File / Pay _____ Interest _____			14 <input type="text"/>

Declaration of Estimate for 2009

15 Estimated taxable income	15	<input type="text"/>	
16 Estimated tax due. (multiply line 15 by 1.25%)			16 <input type="text"/>
17 Taxes to be withheld and paid to Shelby and other localities (Limit 1.25%)	17	<input type="text"/>	
18 Prior credit applied to estimated tax payments (From line 11)	18	<input type="text"/>	
19 Net estimated tax due (subtract line 17 & 18 from 16)			19 <input type="text"/>
20 Minimum amount due for first quarter (multiply line 19 by .25)	20	<input type="text"/>	

Amount You Owe

21 Total amount due (add lines 13 and 14)			21 <input type="text"/>
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THE UNDERSIGNED DECLARES THAT THIS RETURN (AND ACCOMPANYING SCHEDULES) IS A TRUE, CORRECT AND COMPLETE RETURN FOR THE TAXABLE PERIOD STATED AND THAT THE FIGURES USED HEREIN ARE THE SAME AS USED FOR FEDERAL INCOME TAX PURPOSES.

_____ Taxpayer's Signature	_____ Date
_____ Spouse's Signature	_____ Date
_____ Tax Preparer's Signature	_____ Date
(If other than taxpayer) Phone No. _____	

MAKE CHECK OR MONEY ORDER TO: CITY OF SHELBY TAX DEPT. 43 WEST MAIN STREET SHELBY OH 44875 Voice 419-342-5885 Fax 419-347-1193 E-mail WWW.SHELBYOHIO.ORG
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We, the taxpayer, elect to authorize a return preparer to communicate with the tax administrator about matters pertaining to this return. By making this election, we, the taxpayer, authorizes the tax administrator to contact the return preparer concerning questions that arise during the processing of the return and authorizes the return preparer only to provide the administrator with information that is missing from the return, to contact the administrator for information about the processing of the return or the status of the taxpayer's refund or payments, and to respond to notices about mathematical errors, offsets, or return preparation that the taxpayer has received from the administrator and has shown to the return preparer.

DECLARATION OF ESTIMATED TAX FOR YEAR 2009

VOUCHER # 1 - DUE APRIL 15, 2009

NAME _____ SOC. SEC. # _____

ADDRESS _____

- 1) Total income subject to tax \$ _____ (Multiply by .0125)\$ _____
- 2) Less income tax withheld by other city (Credit limited to 1.25%)\$ _____
- 3) Total declaration (line 1 minus line 2)\$ _____
- 4) Payment amounts (line 3 times 0.25).....\$ _____
- 5) Overpayment from previous year (if not refunded).....\$ _____
- 6) 1st payment amount (line 4 minus line 5)\$ _____

CUT LINE

VOUCHER # 2 - DUE JULY 31, 2009

NAME _____ SOC. SEC. # _____

ADDRESS _____

- 1) Payment enclosed\$ _____
- 2) Check # _____
- 3) Prior amount paid\$ _____
- 4) Remaining Balance \$ _____
- Contact person _____ Phone # _____

**SEND PAYMENT TO: CITY OF SHELBY, INCOME TAX DEPT., 43 W. MAIN ST.
SHELBY, OHIO 44875 PHONE# (419) 342-5885**

CUT LINE

VOUCHER # 3 - DUE OCTOBER 31, 2009

NAME _____ SOC. SEC. # _____

ADDRESS _____

- 1) Payment enclosed\$ _____
- 2) Check # _____
- 3) Prior amount paid\$ _____
- 4) Remaining Balance \$ _____
- Contact person _____ Phone # _____

**SEND PAYMENT TO: CITY OF SHELBY, INCOME TAX DEPT., 43 W. MAIN ST.
SHELBY, OHIO 44875 PHONE# (419) 342-5885**

CUT LINE

VOUCHER # 4 - DUE JANUARY 31, 2010

NAME _____ SOC. SEC. # _____

ADDRESS _____

- 1) Payment enclosed\$ _____
- 2) Check # _____
- 3) Prior amount paid\$ _____
- 4) Remaining Balance \$ _____
- Contact person _____ Phone # _____

**SEND PAYMENT TO: CITY OF SHELBY, INCOME TAX DEPT., 43 W. MAIN ST.
SHELBY, OHIO 44875 PHONE# (419) 342-5885**

INDIVIDUAL GENERAL INSTRUCTIONS

WHO MUST FILE

All residents of the City of Shelby, 18 years of age or older, are required to file.

A non-resident having income in the City of Shelby from which city income tax has not been withheld and/or who is engaged in a business or profession in Shelby or owns rental property located in Shelby.

All companies located in or doing business in Shelby.

WHEN AND WHERE TO FILE

By April 15.

Mail completed return with all W-2s, 1099 misc. forms, and federal schedules applicable to:

SHELBY CITY INCOME TAX

43 WEST MAIN STREET, SHELBY, OHIO 44875

419-342-5885

FILING EXTENSIONS

Send a copy of your federal extension by April 15, and we will grant an extension of time not to exceed 6 weeks beyond the time granted by the IRS. If we do not receive a copy of the extension you will be considered delinquent and charged penalty and interest as shown on the return. Extensions will not be granted, if your account is in any way delinquent.

NET LOSSES

If a net loss has been incurred for the tax year a return must still be filed. Loss carry forwards are not permitted.

REFUNDS

If any taxpayer has paid more tax than the City is entitled to, a refund of the overpayment will be made, provided a proper claim for refund is filed. The net loss from an unincorporated business may not be used to offset salaries, wages, commissions and other compensation. Amount under \$5.00 will not be refunded.

MISCELLANEOUS

1. Payments to the City of under \$5.00 do not have to be paid.
2. Double check your credit on line 5 of the return by calling 419-342-5885.
3. Cafeteria plans are no longer city taxable.
4. Contributions to 401Ks, IRAs or other deferred plans are not deductible.
5. SUB pay and sick pay are city taxable.

EXEMPT INCOME (non inclusive)

Unemployment Compensation (not including SUB pay).
Social Security
Payouts from pensions
Military Pay (proof of military is required)
Alimony
Interest
Dividends

EXEMPTION FOR TAXPAYERS

If your income is solely from a non-taxable source, please contact our tax office for exemption form.

INSTRUCTIONS FOR INCOME TAX RETURN

Married couples should file jointly. (Whether or not you do so for your Federal or State Returns)

Enter name and address and social security number(s) or Federal ID No.

Taxpayer status - indicate how you are filing by marking one of the boxes.

Residency - indicate if you live in the City of Shelby; also if you moved into or out of the city during the year.

- Line 1** Total Tax withheld & wages (include sub pay, sick pay & deferred income) (From Worksheet A)
- Line 2** Other taxable income (From Worksheet B)
- Line 3** Total Lines 1 & 2 - Losses on Line 2 - cannot offset losses on Line 1
- Line 4** Shelby Income Tax 1.25%
- Line 5** Estimated tax payments made to Shelby
- Line 6** Taxes withheld and paid to Shelby
- Line 7** Overpayment from prior years
- Line 8** Taxes withheld and paid to other localities **maximum credit 1.25%**
- Line 9** Total credits add lines 5 through 8
- Line 10** Amount overpaid
- Line 11** Amount of Line 10 credited to next year estimate
- Line 12** Amount to be refunded (\$5.00 or greater)
- Line 13** Amount of tax owed
- Line 14** Late File/Pay Penalties \$50.00 Interest 1½% compounded monthly

DECLARATION OF ESTIMATE

(Line 15 - 20) self-explanatory

Line 21 Total amount due (add lines 13 and 14)

WORKSHEET C - EXEMPTION (Check correct boxes and return signed form)

SIGN FORM AND ATTACH ALL W2S, 1099 MISC AND FEDERAL SCHEDULES