

2014 CAMBRIDGE, OHIO INCOME TAX RETURN

FILING REQUIRED EVEN IF NO TAX IS
DUE ON OR BEFORE APRIL 15, 2015

FISCAL YEAR DATES FROM _____ TO _____

TAX OFFICE USE ONLY	
REFUND _____	
TAX PAID _____	
EST. PYMT. _____	
P/I PAID _____	
TOTAL PAID _____	

File with the City of Cambridge Income Tax
1131 Steubenville Ave., Cambridge, Ohio 43725
Phone: (740) 439-2355 • Fax: (740) 435-0149
Website: www.cambridgeoh.org
Forms available on Website
under Departments/Income tax.

Make Checks & Money Orders Payable to:
City of Cambridge Income Tax

PLEASE MAKE NECESSARY CORRECTIONS TO NAME/ADDRESS

ACCT. # _____

If Moved During Year of This Return, Give Date of Move:

INTO CITY _____ OUT OF CITY _____

Check your status as a taxpayer:

- Resident Full Yr. Proprietor Corporation Part Yr.
 Partner Partnership Non-Resident Professional Rental

YOUR SOCIAL SECURITY NO. _____

SPOUSE'S SOCIAL SECURITY NO. _____

FEDERAL ID NO. _____

ATTACH W-2'S, 1099'S AND FED 1040 (Pg. 1) TO BACK OF THIS FORM

COPY OF EXTENSION MUST BE RECEIVED APRIL 15

	1. TOTAL GROSS WAGES, SALARIES, TIPS & OTHER COMPENSATION.....	\$ _____
	2. OTHER TAXABLE INCOME	
	A. Business Profit or Loss (Attach Federal Business Schedule)	\$ _____
	B. Rental Income or Loss - include Oil/Gas Bonus (Attach Federal Schedule)	\$ _____
	C. Gambling & Lottery winnings over \$1,200.00.....	\$ _____
	D. Total other taxable income - Note: Losses cannot offset wages/W-2 income.....	\$ _____
INCOME	3. INCOME DEDUCTIONS	
	A. Sr. Citizen Allow. (\$2000) 65 and Over - DOB _____	\$ _____
	B. Employee Business Expenses (Attach Federal Form 2106 & Schedule A)	\$ _____
	C. Total Deductions.....	\$ _____
	4. Taxable Income: (Line 1 plus 2D less line 3C)	\$ _____
TAX	5. Cambridge Tax Due - 2.0% of line 4	\$ _____
CREDITS	6. CREDITS	
	A. Cambridge Income Tax Withheld by Employers	\$ _____
	B. Income Tax Paid to Other Cities (Cannot be higher than 2.0%).....	\$ _____
	C. Estimated Tax Paid.....	\$ _____
	D. Prior Year Overpayment	\$ _____
	E. Total Credits (Add lines 6A thru 6D).....	\$ _____
BALANCE	7. Balance Tax Due (Subtract line 6E from line 5)	\$ _____
	8. Penalty \$25.00 or 12% of Tax Due (whichever is greater)	\$ _____
	Interest 1% per month	\$ _____
	Late Filing Fee - \$25.00 (only assessed if no tax due).....	\$ _____
	9. Amount Due Before Estimated Taxes	\$ _____
	10. Overpayment to be Refunded _____ Or Credited _____ To Next Years Estimate.	

**NOTE: NO REFUND WILL BE MADE UNTIL NEXT DECLARATION IS FILED AND FIRST QUARTER PAYMENT MADE.
INSTRUCTIONS ONLINE AT WWW.CAMBRIDGEOH.ORG.**

DECLARATION OF ESTIMATED TAX FOR YEAR 2015 (DUE APRIL 15 WITH FIRST QUARTER PAYMENT)

VOUCHER 1	Must Be Filed If Tax Balance Due For 2014 Was Over \$100.00	
ESTIMATED PAYMENTS DUE	1. Income subject to tax _____ Times tax rate of 2.0% for gross tax of.....	\$ _____
2nd Qtr July 31, 2015	2. Less Expected Tax Credits:	
3rd Qtr Oct 31, 2015	A. Tax withheld by employer	\$ _____
4th Qtr Jan 31, 2016	B. Income Tax paid to other cities (cannot be higher than 2.0%)	\$ _____
	C. Overpayment from prior years	\$ _____
	D. Total Credits (Add lines 2A, B & C).....	\$ _____
	3. Net Tax Due (line 1 less line 2D).....	\$ _____
	4. Amount due with this declaration (1/4 of line 3).....	\$ _____
TOTAL AMOUNT DUE	2014 Balance Due _____ 2015 First Quarter Pmt _____ ... Total 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 & COMPLETE. IF PREPARED BY PERSON OTHER THAN TAXPAYER, THE DECLARATION IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE.
By signed return you authorize direct communication with return preparer.

PREPARER (PLEASE PRINT) DATE _____ SIGNATURE OF TAXPAYER _____ DATE _____

ADDRESS _____ SIGNATURE OF SPOUSE (IF JOINT FILING) _____ DATE _____

PHONE NUMBER _____ PHONE NUMBER _____

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

SCHEDULE C – BUSINESS INCOME (FROM FEDERAL RETURN)

ATTACH W-2S HERE

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)

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
A. Losses from IRC 1221 or 1231 property dispositions....	\$ _____	N. Gains from IRC 1221 or 1231 property distributions except IRC 1245 or 1250	\$ _____
B. 5% of intangible income reported in line O. of this Sch X except that from IRC 1221 property dispositions	\$ _____	O. Intangible income, including interest, dividends, patent & copyright income	\$ _____
C. Taxes based on income	\$ _____	P. Federal tax credits to extent they reduced corresponding operating expenses	\$ _____
D. Dividends, distributions to REIT investors	\$ _____	Q. Other (explain & provide documentation)	_____
E. Payments, accruals for qualified self-employed retirement plans, health insurance plans, and life insurance plans for owners or owner-employees of non-C corporation entities	\$ _____		\$ _____
F. Other (explain & provide documentation)	\$ _____		\$ _____
	_____		_____
	_____		_____
M. TOTAL ADDITIONS (lines A through F)	\$ _____	Z. TOTAL DEDUCTIONS (lines N through Q)	\$ _____
	(Enter as Line II(a) above)		(Enter as Line II(b) above)

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

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

	A. LOCATED EVERYWHERE	B. LOCATED IN THIS MUNICIPALITY	C. PERCENTAGE (B ÷ A)
STEP 1. AVERAGE ORIGINAL COST OF REAL AND TANGIBLE PERSONAL PROPERTY ..	_____	_____	
GROSS ANNUAL RENTALS PAID MULTIPLIED BY 8	_____	_____	
TOTAL STEP 1	_____	_____	_____ %
STEP 2. WAGES, SALARIES, AND OTHER COMPENSATION PAID	_____	_____	_____ %
STEP 3. GROSS RECEIPTS FROM SALES MADE AND/OR WORK OR SERVICES PERFORMED	_____	_____	_____ %
STEP 4. TOTAL PERCENTAGES	_____	_____	_____ %
STEP 5. AVERAGE PERCENTAGE (DIVIDE TOTAL PERCENTAGES BY NUMBER OF PERCENTAGES USED - ZERO CANNOT BE USED AS A PERCENTAGE)	_____	_____	_____ %