

2016 CAMBRIDGE OHIO INCOME TAX RETURN

FILING REQUIRED EVEN IF NO TAX IS
DUE ON OR BEFORE APRIL 18, 2017

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:
City Government/Treasurer

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

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

FISCAL YEAR DATES FROM _____ TO _____

PLEASE MAKE ANY CORRECTIONS TO NAME/ADDRESS

ACCT. # _____

Name _____

Address _____

City, State ZIP _____

OR ATTACH LABEL HERE

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

INTO CITY _____ OUT OF CITY _____

Check 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. _____

SEND COPY OF EXTENSION BY APRIL 18

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

- | | | |
|---------------|---|----------|
| | 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 | \$ _____ |
| | 3. INCOME DEDUCTIONS | |
| INCOME | A. Employee Business Expenses (Attach Federal Form 2016 & Schedule A) | \$ _____ |
| | B. Total Deductions | \$ _____ |
| | 4. Taxable Income: (Line 1 plus 2D less line 3B) | \$ _____ |

TAX 5. Cambridge Tax Due - 2% 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: 15% \$ _____ + Interest 5% _____ + Late Charge \$ _____ =\$ _____
9. **Total Amount Due** NOTE: No payment is due if amount is \$10.00 or less.\$ _____
10. **Overpayment Claimed**
- A. Enter amount from Line 10 you want **CREDITED** to your next year tax estimate.....\$ _____
- B. Enter amount from Line 10 you want **REFUNDED** (must be greater than \$10.00)

**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 2017 (DUE APRIL 18 WITH FIRST QUARTER PAYMENT)

VOUCHER 1

Must Be Filed if Tax Balance Due for 2016 Was Over \$200.00

**ESTIMATED
PAYMENTS DUE**
2nd Qtr - June 15, 2017
3rd Qtr - Sept. 15, 2017
4th Qtr - Dec. 15, 2017

- | | | |
|--|--|----------|
| | 1. Income subject to tax _____ Times tax rate of 2.0% for gross tax of | \$ _____ |
| | 2. Less Expected Tax Credits: | |
| | A. Tax withheld by employer | \$ _____ |
| | 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 **2016 Balance Due** _____ **2017 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, THIS DECLARATION IS SIGNED UNDER PENALTY OF PERJURY. THIS FORM WILL BE INCOMPLETE IF NOT SIGNED.

PREPARER (PLEASE PRINT) DATE _____

ADDRESS _____

PHONE NUMBER _____

SIGNATURE OF TAXPAYER _____ DATE _____

SIGNATURE OF SPOUSE (IF JOINT FILING) _____ DATE _____

PHONE NUMBER _____

MAY THE TAX PREPARER BE CONTACTED IF NECESSARY: Y OR N (Please circle)

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 LOSS 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 LOSS 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 LOSS 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 distribution	\$ _____	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	\$ _____	_____	\$ _____
F. Other (explain & provide documentation)	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____		
_____	\$ _____		
_____	\$ _____		
M. TOTAL ADDITIONS (lines A through F).....	\$ _____	Z. TOTAL DEDUCTIONS (lines N through Q)	\$ _____
Enter on Line 2A above		Enter on Line 2B 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: AVERAGES PERCENTAGE (DIVIDE TOTAL PERCENTAGES BY NUMBER OF PERCENTAGES USED)			%