

INDIVIDUAL - 2017  
INCOME TAX RETURN  
EAST LIVERPOOL

Due Date 04/17/2018

W2s and Federal Schedules MUST be attached to this return.

MAKE CHECK OR MONEY ORDER TO:  
CITY OF EAST LIVERPOOL.

126 W. Sixth Street  
East Liverpool OH 43920

Voice 330-385-5437 Fax 330-386-7865  
eltaxdept@gmail.com

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

Name

And

Address

Income

1 Wages, salaries, tips, etc.	1	
2 Other taxable income	2	
3 Total taxable income (add lines 1 and 2)	3	

Tax and Credits

4 East Liverpool tax due before credits (1.500% of line 3)	4	
5 Estimated tax payments made to East Liverpool	5	
6 Taxes withheld and paid to East Liverpool	6	
7 Overpayment from prior year(s)	7	

NO CREDIT FOR TAXES PAID/WITHHELD TO ANOTHER MUNICIPALITY.

8 Total credits (add lines 5 through 7)	8	
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Refund (Issued if greater than 10.01)

9 If line 8 is greater than line 4, subtract line 4 from line 8. This is the amount you overpaid	9	
10 Amount of line 9 to be credited to next years estimate	10	
11 Amount of line 9 to be refunded	11	

Tax Due (if greater than 10.01)

12 If line 4 is more than line 8, subtract line 8 from 4, this is the tax amount you owe	12	
13 Penalties and interest Late File _____ Late Pay _____ Late Estimate _____ Interest _____	13	

Declaration of Estimate For 2018

14 Estimated income	14	
15 Estimated tax due. Multiply line 14 by 1.500%	15	
16 Taxes to be withheld and paid to East Liverpool	16	
17 Prior credit applied to estimated tax payments (From line 10)	17	
18 Net estimated tax due (subtract line 16 and 17 from 15)	18	
19 Minimum amount due for first quarter (multiply line 18 by .25)	19	

Amount You Owe

20 Total amount due (add lines 12, 13 and 19)	20	
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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. \_\_\_\_\_

May CITY OF EAST LIVERPOOL discuss this return with the preparer shown above \_\_\_Yes \_\_\_No

# 2017 EAST LIVERPOOL INCOME TAX RETURN

## Filing Required Even If No Tax Is Due

(TAX OFFICE USE ONLY)

File with  
**INCOME TAX DEPARTMENT**  
 126 WEST 6TH STREET  
 EAST LIVERPOOL, OHIO 43920  
 330-385-5437

Make Checks and Money Orders Payable to  
 City of East Liverpool - Income Tax  
 www.eastliverpool.com

Fiscal Period \_\_\_\_\_ to \_\_\_\_\_  
 \* CALENDAR YEAR TAXPAYERS FILE ON OR BEFORE APRIL 15, 2018  
 \* FISCAL AND PARTIAL YEARS FILE WITHIN 105 DAYS OF end of period  
 \* FILING EXTENSION REQUESTS MUST BE RECEIVED BY NORMAL FILING DUE DATE

AUDIT	AUDIT
PF _____	
D _____	
P & I _____	
Check _____	
Cash _____	
Refund requested _____	

### USE FOR BUSINESS OR RENTAL RETURNS

**NAME:** \_\_\_\_\_

Birthdate (Taxpayer) \_\_\_\_\_

Birthdate (Spouse) \_\_\_\_\_

Fed. I.D. No. \_\_\_\_\_

Phone No. \_\_\_\_\_

RESIDENT  NON-RESIDENT  PART YEAR RESIDENT   
 MOVED INTO EAST LIVERPOOL ON \_\_\_\_\_ OR MOVED OUT OF EAST LIVERPOOL ON \_\_\_\_\_

Federal 1040, 1040A, 1040EZ (Page 1) must be attached to individual returns

RETIRED AND TAXPAYERS WITH NO TAXABLE INCOME -- CHECK APPROPRIATE BOX, SEE INSTRUCTIONS

Taxpayer	Spouse	
<input type="checkbox"/>	<input type="checkbox"/>	Retired - with only non-taxable income - Date Retired _____
<input type="checkbox"/>	<input type="checkbox"/>	Only income was from a non-taxable source - List Source _____
<input type="checkbox"/>	<input type="checkbox"/>	Under Age 18 - Birthdate _____ (VERIFICATION OF AGE REQUIRED FOR REFUND)
<input type="checkbox"/>	<input type="checkbox"/>	Active Duty Military
<input type="checkbox"/>	<input type="checkbox"/>	Deceased - Date _____

1. Wages, Salaries, Tips and other employee compensation (ATTACH ALL W-2'S) .....XXXXXXXXXXXXXXXXXXXX \$

2. Other Income from Line 22 on reverse side of this form (see instructions) (if loss enter "0")..... \$

3. Total Incomes (Total of Lines 1 and 2) .....XXXXXXXXXXXXXXXXXXXX \$

4a. Items not deductible (Line h Schedule X) ..... Add \_\_\_\_\_

b. Items not taxable (Line Q Schedule X) ..... Deduct \_\_\_\_\_

c. Difference between Lines 4a, and 4b, to be added to or subtracted from Line 3 .....XXXXXXXXXXXXXXXXXXXX

5a. Adjusted Net Income (Line 3 plus or minus 4c) .....

b. Amount allocable to EAST LIVERPOOL (If Schedule Y is used \_\_\_\_\_ % of Line 5a) .....

6. Amount subject to EAST LIVERPOOL Income Tax (Line 3, 5a or 5b) .....

7. EAST LIVERPOOL INCOME TAX - Multiply Line 6 by 1.5% (.015)..... \$

8. Credits (a) EAST LIVERPOOL Tax Withheld by employer(s) from Line 1 ..... \$

(b) Payments on Current Declaration (or Credit) ..... \$

NO CREDIT GIVEN FOR TAXES PAID TO ANOTHER MUNICIPALITY

(x) Total Credits Allowable .....

9a. Balance of Tax Due (Line 7 less Line 8X)..... \$

b. Late File Penalty (\$25.00 per month / \$150.00 maximum) Late Payment Penalty (15% of unpaid balance) Interest (.42% monthly / 5% annual)..... \$

10. TAX DUE (Pay in Full with this return if \$10.00 or more)  Paid by Credit Card thru Official Payments ..... \$

11. Overpayment Claimed  Refund - (No Refunds Under \$10.00)  Credit To Next Year Declaration (No Credit under \$10.00)..... \$

### DECLARATION OF ESTIMATED TAX FOR YEAR 2018

This section MUST BE COMPLETED if estimated tax is \$200.00 or more

12. Total estimated income subject to tax \$ \_\_\_\_\_ Multiply by tax rate .015% (.015) for gross tax ..... \$

13. Less any CITY TAX to be withheld ..... \$

14. Balance of EAST LIVERPOOL City Income Tax declared ..... \$

15. Less credits: A. Overpayment on previous years return ..... \$

B. Previous payment, if this is an amended estimate ..... \$

16. Unpaid balance of net tax due ..... \$

17. QUARTERLY ESTIMATE AMOUNT (at least 25% of line 16) ..... \$

**GRAND TOTAL Total of TAX (line 10) and ESTIMATE PAYMENT (line 17) .....PAY THIS AMOUNT \$**

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 use for Federal Income Tax purposes.

I authorize the Income Tax Division to discuss my account with preparer named below.

Signature of Taxpayer or Agent

Date

Signature of Person Preparing if Other Than Taxpayer

Date

Signature of Spouse (if Filing Jointly)

Phone