

**INDIVIDUAL - 2022  
INCOME TAX RETURN  
EAST LIVERPOOL**



**MAKE CHECK OR MONEY ORDER TO:**  
EAST LIVERPOOL TAX DEPARTMENT

126 W 6th St  
East Liverpool OH 43920

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

**Federal Schedules MUST be attached to  
this return including: Federal 1040, W2s,  
Schedule C or Schedule E.**

**\*\*\* FILING REQUIRED EVEN IF NO TAX  
DUE \*\*\***

Taxpayer's SSN	
Taxpayer's Birthdate	
Home Telephone No	Business Telephone No.
Spouse's SSN	
Spouse's Birthdate	
Spouse's Name	
Home Telephone No	Business Telephone No
IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES INTO                    /   / OUT OF                   /   /	
IF YOU RENT, PLEASE GIVE LANDLORDS INFORMATION NAME _____ ADDRESS _____	

Local Tax ID:

Name

And

Address

<b>Filing Status</b> <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
--------------------------------------------------------------------------------------------------------------------------------------------------------------	--	----------------------------------------------------------------------------

**Income**

1 Wages, salaries, tips, etc. (use the greater of box 5 or box 18 on W2s)	1	
2 Other taxable income (from page 2, line 22 on back of this form)	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 as of 03/07/2022	5	
6 Taxes withheld and paid to East Liverpool	6	
7 Overpayment from prior year(s)	7	
<b>8 NO CREDIT ALLOWED FOR TAXES PAID TO ANOTHER MUNICIPALITY</b>	8	
9 Total credits (add lines 5 through 8)	9	

**Refund** (Issued if greater than 10.01)

10 If line 9 is greater than line 4, subtract line 4 from line 9. This is the amount you overpaid	10	
11 Amount of line 10 to be credited to next years estimate	11	
12 Amount of line 10 to be refunded	12	

**Tax Due** (if greater than 10.01)

13 If line 4 is more than line 9, subtract line 9 from 4, this is the tax amount you owe	13	
14 Penalties and interest   Late File \$25/mth not to exceed \$150   Late Pay - 15% of tax due   Late Estimate - 15% of unpaid estimate   Interest - .583 per month	14	

**Declaration of Estimate For 2023**

15 Estimated income	15	
16 Estimated tax due. Multiply line 15 by 1.500%	16	
17 Taxes to be withheld and paid to East Liverpool and other localities	17	
18 Prior credit applied to estimated tax payments (From line 11)	18	
19 Net estimated tax due (subtract line 17 and 18 from 16)	19	
20 Minimum amount due for first quarter (multiply line 19 by .25)	20	

**Amount You Owe**

21 Total amount due (add lines 13, 14 and 20)	21	
-----------------------------------------------	----	--

Tax Office Use Only : Tax Office Use Only : Tax Office Use Only Do not write credit card information on this return.
-------------------------------------------------------------------------------------------------------------------------

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. \_\_\_\_\_

**Instructions on paying by credit card can be found on our website:  
www.eastliverpool.com.**



**SCHEDULE C – PROFIT (or Loss) FROM BUSINESS OR PROFESSION**

ATTACH COMPLETE COPY(S) OF FEDERAL SCHEDULES C AND F OR FEDERAL RETURN 1065 – 1120 – 1120-S  
LISTING OF ALL SUBCONTRACTORS WHO WORKED IN EAST LIVERPOOL THROUGHOUT THE YEAR

18. NET PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION..... \$

**SCHEDULE E - INCOME FROM RENTS (if not included in Schedule C.) (Explain columns 3 – 4 – 5)**

ATTACH COPY OF FEDERAL SCHEDULE E

1. Kind & Location of Property	2. Amount of Rent	3. Depreciation	4. Repairs	5. Other Expenses	6. Net Income (or Loss)
	\$	\$	\$	\$	\$

19. TOTAL RENTAL INCOME \$

**SCHEDULE G - ORDINARY INCOME**

ATTACH COPY OF FEDERAL FORM 4797

20. TOTAL ORDINARY INCOME \$

**SCHEDULE H - OTHER INCOME NOT INCLUDED IN SCHEDULES C, E or G.**

PARTNERSHIPS, ESTATES, TRUSTS, GAMING, WAGERING, LOTTERY, FEES, ETC. (Do not include interest, dividends, insurance and social security)

RECEIVED FROM	FOR (DESCRIBE)	AMOUNT
		\$

21. TOTAL INCOME SCHEDULE H \$

22. TOTAL SCHEDULES C, E, G, & H, ENTER ON LINE 2, PAGE 1 \$

**FOR BUSINESS ACCOUNTS SCHEDULE X – RECONCILIATION WITH FEDERAL INCOME TAX RETURN AS REQUIRED BY ORC 718.**

ITEMS NOT DEDUCTIBLE		ADD	ITEMS NOT TAXABLE		DEDUCT
a. Capital Losses (IRS section 1231) .....	\$		i. Capital Gains (exclusive of gains treated as ordinary income for Federal Income Tax Purposes. Attach Federal Schedule D) .....	\$	
b. Interest and/or Other Expense incurred in the production of non-taxable income .....			m. Interest earned or accrued .....		
c. Income Taxes .....			n. Dividends (less Federal exclusion) .....		
d. Five percent (5%) of intangible income reported on lines m, n & o ....			o. Income from Patents and Copyrights .....		
e. Payment to partners .....			p. Other exempt from East Liverpool Tax (provide explanation) .....		
f. Net Operating Loss carried back or forward .....					
g. Other not deductible (provide explanation) .....					
h. Total Additions (enter on Line 4a) .....	\$		q. Total Deductions (enter on Line 4b)		\$

**SCHEDULE Y – BUSINESS APPORTIONMENT FORMULA**

	a. Located Everywhere	b. Located in EAST LIVERPOOL	c. Percentage (b ÷ a)
STEP 1. Average Original Cost of Real & Tangible Personal Property			
Gross Amount Rentals Paid Multiplied by 8			
TOTAL STEP 1			%
STEP 2. Gross Receipts From Sales Made and/or Work Or Service Performed			%
STEP 3. WAGES, SALARIES, Etc. Paid			%
4. Total Percentages			%
5. Average Percentage (Divide Total Percentages by Number of Percentages Used-Carry to Line 5b)			%

**SCHEDULE Z – PARTNERS' DISTRIBUTIVE SHARES OF NET INCOME**

1. Name of each partner	2. Address	3. Distributive Shares of Partners		4. Other Payments	5. Taxable Percentage	6. Amount Taxable
		Percent	Amount			
(a)				\$	\$	\$
(b)						
(c)						
(d)						
7. TOTALS from Schedule C above		100	\$		xxxxxxx	