## **FORM FR 1493**

Spouse's Signature

Tax Preparer's Signature

(If other than taxpayer)

## **INDIVIDUAL - 2023** INCOME TAX RETURN MAKE CHECK OR MONEY ORDER TO: Taxpayer's Social Security No. EAST LIVERPOOL TAX DEPARTMENT **EAST LIVERPOOL** HomeTelephone No BusinessTelephone No. Due Date 04/15/2024 126 W 6th St East Liverpool OH 43920 Federal Schedules MUST be attached to Spouse's Social Security No. this return including: Federal 1040, W2s, Schedule C or Schedule E. Spouse's \*\*\* FILING REQUIRED EVEN IF NO TAX Fax 330-386-7865 Voice 330-385-5437 **DUE \*\*\*** HomeTelephone No. BusinessTelephone No. sharon.eltax@gmail.com IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES Filing Status Name RESIDENT ☐ Single ☐ Married filing joint NON-RESIDENT And ☐ Married filing separate OUT OF IF YOU RENT, PLEASE GIVE LANDLORDS INFORMATION Address NAME ADDRESS Income 1 Wages, salaries, tips,etc. 2 Other taxable income 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 6 Taxes withheld and paid to East Liverpool 6 7 Overpayment from prior year(s) 8 Total credits (add lines 5 through 7) 8 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 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 **Declaration of Estimate For 2024** 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 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

Phone No.

Date

Date

N							
ATTACH COMPLETE COPY(S) OF:	FEDERAL SCHEDULES C A LISTING OF ALL SUBCONTA				OUT THE YEAR		
18. NET PROFIT (OR LOSS) FROM	BUSINESS OF PROFESSIO	)N			\$		
90	NIEDIN E E INCOME EDO	na menimen (is	hade at the College during	C) /Evolain columns	0 4 5)		
	CHEDULE E - INCOME FRO	M HENTS (IT NOT INC	luded in Schedule	C.) (Explain columns	3 – 4 – 5)		
ATTACH COPY OF FEDERAL SCHE	DULE E						
Kind & Location of Property	2. Amount of Rent	3. Depreciation	4. Repairs	5. Other Expenses	6. Net Income (or Loss	6)	
	\$	\$	\$	\$	\$		
19. TOTAL RENTAL INCOME			1			\$	
					<del>-</del>		
so	CHEDULE G - ORDINARY IN	COME					
ATTACH COPY OF FEDERAL FORM	1 4797						
20. TOTAL ORDINARY INCOME						\$	
SC	HEDULE H - OTHER INCOM	ME NOT INCLUDED	IN SCHEDULES C.	E or G.			
	TES, TRUSTS, GAMING, WA				dends, insurance and soc	ial security)	
RECEIVED FROM			FOR (DESCRIBE) AMOUN				
				-			
NA TOTAL MOONE COUEDING III						\$	
21. TOTAL INCOME SCHEDULE H	- F						
22. TOTAL SCHEDULES C, E, G, &	H, ENTER ON LINE 2, PAG	E 1				\$	
FOR PHOINTER ACCOUNTS	SCHEDULE X – RECONCILI	ATION WITH FEDE	AL INCOME TAY	DETUDNIAS DECUM	ED DV ODC 719		
		ATION WITH FEDER	TAL INCOME TAX	ITEMS NOT TA		DEDUCT	
a. Capital Losses (IRS section 1231)			Federal Incon	Capital Gains (exclusive of gains treated as ordinary income for Federal Income Tax Purposes. Attach Federal Schedule D)			
of non-taxable income			m. Interest earne	d or accrued			
12 12 12 12 12 12 12 12 12 12 12 12 12 1			n. Dividends (les	Dividends (less Federal exclusion)			
				Income from Patents and Copyrights			
Payment to partners			p. Other exempt f	rom East Liverpool Tax	(provide explanation)		
f. Net Operating Loss carried back o	r forward	15522					
g. Other not deductible (provide expla	anation)						
h. Total Additions (enter on Line 4a)		\$	q. Total Deduction	ons (enter on Line 4b)		\$	
SCHEDULE Y – BUSINESS APPORTI	ONMENT FORMULA	a. Loca Everywl			re		
STEP 1. Average Original Cost of Re- Gross Amount Rentals Paid TOTAL STEP 1 STEP 2. Gross Receipts From Sales	Multiplied by 8	rty			_ %		
Work Or Service Performed STEP 3. WAGES, SALARIES, Etc. Pa 4. Total Percentages	aid				% % %		
5. Average Percentage (Divide	Total Percentages by Number	er of Percentages Use	ed-Carry to Line 5b)			%	
						1/-	
SCHEDULE Z – PARTNERS' DISTRIBUTIVE SHARES OF NET INCOME				3. Distributive Shares of Partners 4. Other 5. Taxable 6. Amount			
. Name of each partner	2. Address		Percent	Amount Payı	ments Percentage	Taxable	
a)				\$	S	\$	
0)							
2)							
d)							
TOTAL C from Cabadula C abaua			100	r.			

SCHEDULE C - PROFIT (or Loss) FROM BUSINESS OR PROFESSION