

**INDIVIDUAL - 2024  
INCOME TAX RETURN  
EAST LIVERPOOL**

**Due Date 04/15/2025**

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

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

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

126 W 6th St  
East Liverpool OH 43920

Voice 330-385-5437 Fax 330-386-7865  
sharon.eltax@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.
IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES INTO / / OUT OF / /	
IF YOU RENT, PLEASE GIVE LANDLORDS INFORMATION NAME _____ ADDRESS _____	

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
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**Income**

1 Wages, salaries, tips, etc. - USE GREATER OF BOX 5 OR 19	1	<input type="text"/>	
2 Other taxable income	2	<input type="text"/>	
3 Total taxable income (add lines 1 and 2)			3 <input type="text"/>

**Tax and Credits**

4 East Liverpool tax due before credits (1.500% of line 3)			4 <input type="text"/>
5 Estimated tax payments made to East Liverpool	5	<input type="text"/>	
6 Taxes withheld and paid to East Liverpool	6	<input type="text"/>	
7 Overpayment from prior year(s)	7	<input type="text"/>	

No credit given for taxes withheld for other municipalities.

8 Total credits (add lines 5 through 7)			8 <input type="text"/>
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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 <input type="text"/>
10 Amount of line 9 to be credited to next years estimate	10	<input type="text"/>	
11 Amount of line 9 to be refunded	11	<input type="text"/>	

**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 <input type="text"/>
13 Penalties and interest Late File _____ Late Pay _____ Late Estimate _____ Interest _____			13 <input type="text"/>

**Declaration of Estimate For 2025**

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

**Amount You Owe**

20 Total amount due (add lines 12, 13 and 19)			20 <input type="text"/>
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**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. \_\_\_\_\_



May CITY OF EAST LIVERPOOL discuss this return with the preparer shown above \_\_\_ Yes \_\_\_ No

**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..... (If Loss enter "0") \$

**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 (If Loss, enter "0") \$

**SCHEDULE G – ORDINARY INCOME**

ATTACH COPY OF FEDERAL FORM 4797

20 TOTAL ORDINARY INCOME (If Loss, enter "0") \$

**SCHEDULE H – OTHER INCOME NOT INCLUDED IN SCHEDULES C 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 (If Loss, enter "0") \$

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.....	\$	_____	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. Other not deductible (provide explanation).....	_____	_____			
g. 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	