

VILLAGE OF STRASBURG, OHIO

Check your status as a taxpayer

- Individual or Married Couple
- Married Filing Separate Return
- Retired with No Taxable Income
- Other (explain) _____

2020 INCOME TAX RETURN

Due by April 15th, 2021

If Partial Year or Fiscal Period, give dates
_____, 2020 though _____

FILING REQUIRED EVEN IF NO TAX DUE

Social Security No. (Taxpayer) _____

Social Security No. (Spouse) _____

If You Moved During Year of This Return, Give Date
Into Strasburg _____ Out of Strasburg _____

Phone # _____

Should your account be deactivated? No Yes
(Reason) _____

Date of Birth _____

NAME AND ADDRESS: INDICATE ABOVE CHANGE(S) BY CHECKING NAME ADDRESS

	1(A) ENTER TAXABLE QUALIFYING WAGES			
	Print Employer's Name	City Where Employed	W-2 Wages (See Instruction 5)	W-2 & 1099's Copies Must Be Attached (on reverse side)
INCOME	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	1(B) LESS: Wages earned while non-resident (part-year residents only) [_____]			
	1. TOTAL	1	\$ _____	
	2(A) Profit from Income other than Wages (from Page 2, Line 21) ATTACH FEDERAL SCHEDULES			
		2A	\$ _____	
	2(B) Less net loss per previous year Strasburg Tax Return (may not exceed amount on line 2A)			
		2B	\$ _____	
	3. Total Taxable Income (Line 1 plus Line 2A minus Line 2B)			
		3	\$ _____	
TAX	4. TAX - Multiply Taxable Income by 1.5%			
		4	\$ _____	
TAX WITHHELD, PAYMENTS & CREDITS	5. Credits: (A) Strasburg Tax Withheld By Employer..... 5A \$ _____			
	(B) Credit Allowed for earnings taxed by other cities (Limited to 1%, See Instruction 7) Cannot exceed 1.0% per city/per W-2 5B \$ _____			
	(C) Payments made of Declaration of Estimated Tax..... 5C \$ _____			
	(D) Prior Year Overpayment That Was Not Refunded..... 5D \$ _____			
	(E) TOTAL PAYMENTS AND CREDITS (5A+5B+5C+5D)..... 5E \$ [_____]			
	Printed amount may not reflect fourth quarter			
BALANCE DUE, REFUND OR CREDIT	6. BALANCE DUE OR OVERPAYMENT (line 4 minus Line 5E)..... 6 \$ _____			
	7. If paying or filing after due date, (See Instruction 12) add Penalty.....; Interest.....; Late Fee..... 7 \$ _____			
	8. Total Amount Due or Overpaid (Line 6 + Line 7) (If positive, carry to Line 15 below) 8 \$ _____			
	9. Overpayment (If Line 8 is negative) (Indicate amount to be refunded or credited) 9 \$ _____			
	AMOUNT TO BE REFUNDED \$ _____, OR CREDITED \$ _____ TO NEXT YEAR'S ESTIMATE			

**DECLARATION OF ESTIMATED TAX FOR YEAR 2021.
REQUIRED BY LAW ON ALL INCOME FROM WHICH STRASBURG TAX IS NOT WITHHELD.**

	10. Estimated 2021 Income Subject To Strasburg Tax	10	\$ _____
	11. Estimated Tax Due: 1.5% Times Line 10	11	\$ _____
	12. Credits: (a) Strasburg Tax to be Withheld..... 12A \$ _____		
	(b) Total Credits:	12B	\$ _____
	13. Estimated Tax Due (Line 11 less Line 12b)	13	\$ _____
	(a) Prior Year Overpayment Not Refunded (See Line 9 above)	13A	\$ _____
	14. Amount Paid with this Declaration (Not Less Than 22½% of Line 13, Less Line 13A).....	14	\$ _____
MANDATORY ESTIMATE FOR NEXT YEAR			
TAX DUE	15. Enter Balance Due from Line 8 above..... 15 \$ _____		
	16. TOTAL TAX DUE (Add Line 14 and 15)..... 16 \$ _____		

I CERTIFY THAT I HAVE EXAMINED THIS RETURN, INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS, AND TO BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

If this return was prepared by a Tax Practitioner, check here if we may contact him/her directly with questions regarding the preparation of this return.

Signature of Person Preparing if Other Than Taxpayer _____ Date _____ Signature of Taxpayer _____ Date _____

Address or Name & Address of Preparer if Other Than Taxpayer _____ Phone _____ Signature of Spouse (if joint return) _____ Date _____

MAKE CHECK PAYABLE TO "VILLAGE OF STRASBURG - INCOME TAX" • SEND TO VILLAGE OF STRASBURG, 1040 PAYMENTS, P.O. BOX 527, EATON RAPIDS, MI 48827.
Phone (330) 878-7213

THIS SECTION TO BE COMPLETED ONLY BY THOSE WITH PROFIT OR LOSS FROM INCOME OTHER THAN WAGES

ATTACH W-2S HERE

- 17. Profit or Loss from any Business Owned
18. Rental Income (Attach Federal Schedule E Part I) &/or Farm Income (Attach Federal Schedule F)
19. Pass-through income (Attach Federal Schedule E, Parts II to V)
20. Other Income (Attach F1040 Pg 1) (1099-MISC, Form 4797 Ordinary Income, gambling winnings)
21. Total Other Taxable Income (Add Lines 17 to 20). If positive, enter on Line 2A, page 1. If negative, enter zero.

Attach any Adjusting Schedules or Worksheets including Pages 1 and 2 of Sch C

- 22. Previously unused annual net losses allocated to Strasburg available to reduce the current year profit (attach a detailed schedule) enter on Line 2B, page 1.

SCHEDULE X. RECONCILIATION WITH FEDERAL INCOME TAX RETURN

Table with 4 columns: ITEMS NOT DEDUCTIBLE, ADD, ITEMS NOT TAXABLE, DEDUCT. Rows include Capital Losses, Expenses, Taxes, Loss carried forward, Payments to Partners, Sick pay, Contributions, Other expenses, and Enter Schedule Z Line 2A/B.

SCHEDULE Y. BUSINESS ALLOCATION FORMULA

USE ONLY IF NET PROFIT FROM STRASBURG BRANCH IS NOT AVAILABLE

Table with 4 columns: a. LOCATED EVERYWHERE, b. LOCATED IN STRASBURG, c. PERCENTAGE (b ÷ a). Rows include AVG. VALUE OF REAL & TANG. PERSONAL PROPERTY, GROSS RECEIPTS FROM SALES, WAGES, SALARIES AND OTHER COMPENSATION PAID EMPLOYEE, Total Percentages, and AVERAGE PERCENTAGE.

SCHEDULE Z. NON-RESIDENT INDIVIDUALS

- 1. BUSINESS INCOME
2. A. ITEMS NOT DEDUCTIBLE - (Schedule X, Line I)
B. ITEMS NOT TAXABLE (Schedule X, Line N)
C. ENTER EXCESS LINE 2A OR 2B
3. A. ADJUST NET INCOME (Line 1 Plus/Minus Line 2C) IF SCHEDULE X IS USED
B. AMOUNT ALLOCABLE TO STRASBURG IF SCHEDULE Y STEP 5 IS USED
4. TAXABLE BUSINESS INCOME: LINE 3A OR LINE 3B (Enter On Page 1 Line 2A)