



CITY OF HUBBARD INCOME TAX RETURN

FOR TAX OFFICE USE ONLY
Amount Paid
AUDITED BY

YEAR

OR PERIOD FROM TO

DUE DATE APRIL 15

Make Check or Money Order Payable to: HUBBARD CITY INCOME TAX

MAIL TO: P.O. Box 307 Hubbard, OH 44425-0307

Were you a Hubbard resident for the entire year?
Date moved into Hubbard:
IF YOU RENT, GIVE NAME AND ADDRESS OF LANDLORD

Ph: 330-534-6299
Fax: 330-534-6282
www.cityofhubbard.com

PLEASE READ GENERAL INSTRUCTIONS BEFORE PREPARING THIS RETURN

Indicate here if you are Retired and have no taxable income.

PLEASE ENTER NAME AND ADDRESS BELOW

SOCIAL SECURITY NO. (SELF)
SOCIAL SECURITY NO. (SPOUSE)
FEDERAL ID NO.

Table with 6 columns: A. PRINT EMPLOYER'S NAME, B. Actual Work Location City/Township, C. Gross Wages - Highest Wage on W-2, D. Hubbard Tax Withheld, E. Other City Tax Withheld, F. Credit for Taxes Paid to another City 1% Max Credit Per W-2. Includes a TOTALS row.

1. WAGES, SALARIES, TIPS & OTHER COMPENSATION
2. PROFIT AND LOSS
3. TAXABLE INCOME
4. CITY TAX DUE 1.5% (.015) of Line 3

5. CREDITS
A. Hubbard Income Tax Withheld (1D)
B. Credit for tax paid to other cities (1%) per W-2. (1F)
C. Payments made on Declaration/Credits and amount paid on extension
D. TOTAL CREDITS

6. BALANCE TAX DUE IF LINE 4 is larger than LINE 5D
7. LATE FILING PENALTY (\$25.00) PENALTY \$
NON PAYMENT PENALTY \$ INTEREST \$
8. TOTAL AMOUNT DUE PAYABLE TO CITY OF HUBBARD
9. OVERPAYMENT • AMOUNT to be REFUNDED \$ AMOUNT to be CREDITED to next years return \$

DECLARATION OF ESTIMATED TAX FOR CURRENT YEAR (SEE GENERAL TAX FILING INFORMATION)

1. Total estimated income subject to tax \$ Multiply the tax rate .015 (1.5%) for gross tax
2. Less any CITY TAX to be withheld - 1% limit per W-2
3. Balance Hubbard City Income Tax declared
4. Less Credits: A. Overpayment on previous years return
B. Previous payment, If this is an amended estimate
5. Unpaid balance of net tax due
6. FIRST QUARTER ESTIMATE AMOUNT (DUE APRIL 15 WITH THIS RETURN)
GRAND TOTAL Line 8 ABOVE and FIRST QUARTER ESTIMATE PAYMENT (line 6) PAY THIS AMOUNT \$

I certify that I have examined this return (including accompanying schedules, forms and statement) and believe it is true, correct and complete.

SIGN HERE

Your Signature DATE
SPOUSE SIGNATURE If living jointly, BOTH must sign, even if only one had income DATE
Your telephone number (optional)

Preparer's signature (other than taxpayer) DATE
Address (and zip code)
Phone:
If this return was prepared by a tax preparer, may we contact him/her with questions regarding the preparation of this return? Yes No

DISREGARD THIS PAGE IF ENTIRE TAXABLE INCOME IS FROM SALARY AND WAGES

ATTACH ALL FEDERAL FORMS AND SCHEDULES

SCHEDULE A - PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION - SOLE PROPRIETORSHIP - PARTNERSHIP - OR CORPORATION

- 1. NET PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION (ATTACH FEDERAL FORMS AND SCHEDULES).....\$ _____
- 2. A. ITEMS NOT DEDUCTIBLE (Schedule X, Line F).....Add \$ _____
- B. ITEMS NOT TAXABLE (Schedule X, Line K).....Deduct \$ _____
- C. ENTER EXCESS LINE 2A OR 2B.....\$ _____
- 3. A. ADJUSTED NET INCOME (Line 1 Plus / Minus Line 2C) IF SCHEDULE X IS USED.....\$ _____
- B. AMOUNT ALLOCABLE TO HUBBARD IF SCHEDULE Y STEP 5 IS USED _____ % OF LINE 3A.....\$ _____

SCHEDULE X - RECONCILIATION WITH FEDERAL INCOME TAX RETURN

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
A. CAPITAL LOSS.....	\$ _____	G. CAPITAL GAINS.....	\$ _____
B. EXPENSES INCURRED IN THE PRODUCTION OF NON TAXABLE INCOME.....	\$ _____	H. INTEREST INCOME.....	\$ _____
C. CITY OR STATE INCOME TAXES.....	\$ _____	I. DIVIDENDS.....	\$ _____
D. PAYMENTS TO PARTNERS.....	\$ _____	J. OTHER (PROVIDE EXPLANATION).....	\$ _____
E. OTHER (PROVIDE EXPLANATION).....	\$ _____	K. TOTAL DEDUCTIONS (ENTER LINE 2B).....	\$ _____
F. TOTAL ADDITIONS (ENTER LINE 2A).....	\$ _____		

SCHEDULE Y- BUSINESS APPORTIONMENT FORMULA

	A. Located Everywhere	B. Located in Hubbard	C. Percentage (B / A)
Step 1. Original cost of real and tangible personal property.....	\$ _____	\$ _____	
Gross annual rentals multiplied by 8.....	\$ _____	\$ _____	
Total step 1.....	\$ _____	\$ _____	_____
Step 2. Total wages, salaries, commissions and other compensation of all employees.....	\$ _____	\$ _____	_____
Step 3. Gross receipts from sales and work or services performed.....	\$ _____	\$ _____	_____
Step 4. Total percentages.....			_____
Step 5. Average percentage (DIVIDE TOTAL PERCENTAGE BY NUMBER OF PERCENTAGES USED. ENTER ON SCHEDULE A. LINE 3.B).....			_____