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CITY OF HUBBARD INCOME TAX RETURN

Change Tax Year if Necessary ▶ YEAR **2023**

OR PERIOD FROM _____ TO _____

➡ **DUE DATE APRIL 15 2024**
OR THE IRS DUE DATE

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

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

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

FOR TAX OFFICE USE ONLY

Amount Paid ❑Cash
_____ ❑CHECK NO. _____

AUDITED
BY _____

Were you a Hubbard resident for the entire year? ❑Yes ❑No If no:

Date moved into Hubbard: _____ Date moved out of Hubbard: _____

IF YOU RENT, GIVE NAME AND ADDRESS OF LANDLORD

Name _____

Address _____

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. ➡

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. Lesser of Column E or 1% of Column C
	TOTALS:	1C. $	1D. $		1F. $

ATTACH A COPY OF 1040, ALL APPLICABLE W-2S, FEDERAL SCHEDULES, EXPLANATIONS ETC.

1. **WAGES, SALARIES, TIPS & OTHER COMPENSATION** (From Box 1C Above) ..... $ _____

2. PROFIT AND LOSS (LOSSES MAY NOT BE USED TO OFFSET SALARIES, WAGES, COMMISSIONS OR OTHER PERSONAL SERVICES COMPENSATION)
   A. Business or Profession} (Attach Schedule C, C-EZ, Include cost of goods sold Form 1120, 1120A. 1065 or 1120S) LOSS ($ _____) PROFIT $ _____
   B. Rents, Partnerships, Estates, Trusts, etc. (Attach Schedule E) ..... LOSS ($ _____) PROFIT $ _____
   C. Farm (Attach Schedule F) ..... LOSS ($ _____) PROFIT $ _____
   D. NET TAXABLE INCOME: Add line A,B,C. of Profit only (losses cannot be used to offset profit)..... $ _____

3. TAXABLE INCOME (Line 1 plus 2. D.) ..... $ _____

4. CITY TAX DUE 1.5% (.015) of Line 3 ..... $ _____

CREDITS

5. CREDITS
   A. Hubbard Income Tax Withheld (From Box 1D Above) ..... $ _____
   B. Credit for tax paid to other cities (1%) per W-2. (From Box 1F Above) ..... $ _____
   (*Use your local wage box on your W-2*)
   C. Payments made on Declaration/Credits and amount paid on extension ..... $ _____
   D. TOTAL CREDITS (Add lines A,B,C) ..... $ _____

6. BALANCE TAX DUE IF LINE 4 is larger than LINE 5D (Payment in full must accompany this form) ..... $ _____

7. LATE FILING PENALTY ($25) $ _____
   LATE PAYING PENALTY (15% OF UNPAID TAX) $ _____ INTEREST (See City Website for Rates) $ _____ TOTAL 7 $ _____

8. TOTAL AMOUNT DUE PAYABLE TO CITY OF HUBBARD (Line 6 plus Line 7) **PAYMENT IS REQUIRED WITH RETURN** $ _____

9. OVERPAYMENT • AMOUNT to be REFUNDED $ _____ AMOUNT to be CREDITED to next years return $ _____
   NOTE: Amount of $10.00 or less is not refundable or payable.

DECLARATION OF ESTIMATED TAX FOR YEAR 2024

(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 OR THE IRS DUE DATE 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

Phone:

Address (and zip code)

If this return was prepared by a tax preparer, may we contact him/her with questions regarding the preparation of this return? ❑ Yes ❑ No

5/24 Rev.

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 FROFESSION (ATTACH FEDERALFORMS 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)..... _____