FILE WITH AND MAKE CHECK PAYABLE TO:
Village of Rockford
Income Tax Department
P.O. Box 282
Rockford, OH 45882
(419) 363-3032
ON OR BEFORE APRIL 15TH

VILLAGE OF ROCKFORD
INCOME TAX RETURN
FILING REQUIRED EVEN IF NO TAX DUE
FOR THE CALENDAR YEAR _____
OR FISCAL PERIOD
_____TO_____

Office Use Only
PAID WITH THIS RETURN
$ _____
PROCESSED BY _____

IF MOVED SINCE THE PREVIOUS FINAL RETURN WAS DUE, GIVE DATE:
INTO VILLAGE _____OR OUT OF_____

ADDRESS CORRECTION REQUESTED

TAXPAYER'S NAME AND ADDRESS

FEDERAL ID #
TAXPAYER SS#
SPOUSE SS#

NOTE: PAGE 2 MUST BE COMPLETED IF YOU HAVE TAXABLE RENTAL PROPERTY OR BUSINESS INCOME.

IF YOU HAVE **RETIREMENT OR UNEMPLOYMENT INCOME ONLY,** PLEASE CHECK HERE ☐ , THEN SIGN, DATE AND RETURN.

1. GROSS WAGES, SALARIES, LOTTERY / GAMBLING WINNINGS (MUST ATTACH FEDERAL 1040 PG1 AND W-2 AND/OR 1099 FORMS) – USE BOX 5 OF W2) $ _____
2. OTHER TAXABLE INCOME **(LOSSES CANNOT BE DEDUCTED FROM W-2 WAGES)** ..... $ _____
   A. Attach Schedule C, etc. or fill in back. This is not earned interest.
3. TAXABLE INCOME: LINE 1 PLUS LINE 2 ..... $ _____
4. MUNICIPAL TAX: 1.000% OF LINE 3 ..... $ _____
5. CREDITS - **(Parkway School District taxes are NOT Credits)**
   A. TAX WITHHELD BY ROCKFORD EMPLOYER ..... $ _____
   B. ESTIMATED TAX PAID ..... $ _____
   C. Credit shall be on one half of (1%) (.05%) for other Ohio Cities or one quarter of (1%) (.25% for Indiana Counties) $ _____
   D. PRIOR YEAR OVERPAYMENTS ..... $ _____
   E. OTHER CREDITS ..... $ _____
   F. TOTAL CREDITS ..... $ _____
6. TAX DUE **(PAYMENT OF BALANCE MUST ACCOMPANY THIS RETURN)** ..... $ _____
7. PENALTY..PENALTY (15% Line 6) INTEREST $ ___ **LATE FEE $ 25.00 (Per Month After April 15th, Up to $150.00 Max)** _____
8. AMOUNT DUE BEFORE ESTIMATED TAXES AMOUNT OF $10.00 OR LESS IS NOT PAYALBE, REFUNDABLE OR CONSIDERED CREDIT TO NEXT YEAR. _____
9. OVERPAYMENT REFUNDED ...$ _____OR CREDITED TO EST. TAXES... $ _____

DECLARATION OF ESTIMATED TAX (REQUIRED IF TAX DUE IS OVER $200)

10. INCOME SUBJECT TO TAX .....$ _____TIMES TAX RATE OF 1.000% FOR GROSS TAX OF ..... $ _____
11. LESS EXPECTED TAX CREDITS: $ _____
    A. TAX WITHHELD BY EMPLOYER ..... $ _____
    B. PAYMENTS ON TAXABLE INCOME TO ANOTHER MUNICIPALITY ..... $ _____
    C. TOTAL CREDITS ..... $ _____
12. NET TAX DUE (LINE 10 LESS LINE 11C) ..... $ _____
    A. OVERPAYMENT AMOUNT FORM PRIOR YEAR(S) ..... $ _____
13. AMOUNT PAID WITH THIS DECLARATION (1/4 LINE 12, LESS LINE 12A) ..... $ _____
14. BALANCE OF ESTIMATED TAX ..... $ _____

TOTAL AMOUNT DUE $ _____ (LINE 8) + $ _____ (LINE 13) = _____

I CERTIFY THAT I HAVE EXAMINED THE RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT & COMPLETE. IF PREPARED BY PERSON OTHER THAN TAXPAYER, THE DECLARATION IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS AN KNOWLEDGE.

SIGNATURE OF PREPARER _____ DATE _____

ADDRESS _____

SIGNATURE OF TAXPAYER _____ DATE _____

SIGNATURE OF TAXPAYER _____ DATE _____

MUST RETURN ORIGINAL DOCUMENT WITH SIGNATURE AND DATE TO THE TAX OFFICE

SEPARATE BEFORE COMPLETING

DO NOT USE THIS PAGE IF YOUR ONLY SOURCE OF INCOME IS FROM WAGES, DIVIDENDS OR INTEREST
AND YOU ARE ENTITLED TO DEDUCT BUSINESS EXPENSES FROM SUCH WAGES

SCHEDULE C -- BUSINESS INCOME

1. ATTACH COPIES OF FEDERAL SCHEDULES (ENTER TOTAL INCOME FROM SCHEDULES) ..... $ _____
2. A. ITEMS NOT DEDUCTIBLE (FROM LINE M SCHEDULE X) ..... $ _____
   B. ITEMS NOT TAXABLE (FROM LINE Z SCHEDULE X) $ _____
   C. DIFFERENCE BETWEEN LINES 2A AND 2B TO BE ADDED TO OR SUBSTITUTED FROM LINE 1 ..... $ _____
3. A. ADJUSTED INCOME (LINE 1 PLUS OR MINUS 2C IF SCHEDULE X IS USED) ..... $ _____
   B. AMOUNT OF LINE ABOVE ALLOCABLE % FROM STEP 5 SCHEDULE Y ..... $ _____
4. NET OPERATING LOSS FROM PRIOR YEARS, IF ALLOWED ..... $ _____
5. NET BUSINESS INCOME ..... $ _____

SCHEDULE E -- INCOME FROM RENTS (ATTACH STATEMENT EXPLAINING COLUMNS 3, 4, AND 5)

1. KIND & ADDRESS OF PROPERTY	2. RENT AMOUNT	3. DEPRECIATION	4. REPAIRS	5. OTHER EXPENSES	6. NET INCOME (LOSS)

NET INCOME (OR LOSS) SCHEDULE ..... $ _____

SCHEDULE H -- OTHER INCOME NOT INCLUDED IN SCHEDULE E FROM PARTNERSHIPS, S CORPS., ESTATES TRUSTS, FEES ETC.

RECEIVED FROM	FOR (DESCRIBE)	AMOUNT

TOTAL INCOME SCHEDULE H ..... $ _____

ADD TOTAL OF SCHEDULES C, E, & H. ENTER HERE AND ON LINE 2, PAGE 1 ..... $ _____

SCHEDULE X -- RECONCILIATION WITH FEDERAL INCOME TAX RETURN

ITEMS NOT DEDUCTIBLE		ITEMS NOT TAXABLE	
A. NET LOSS FROM CAP. OR OTHER ASSETS	$ _____	N. CAPITAL GAINS (FROM FED. SCH.)	$ _____
B. EXPENSES APPLICABLE TO NON-TAXABLE INCOME	$ _____	O. INTEREST	$ _____
C. INCOME TAXES	$ _____	P. DIVIDENDS	$ _____
D. LOSS CARRIED BACK	$ _____	Q. ROYALTY INCOME (INTANGIBLE)	$ _____
E. LOSS CARRIED FORWARD PER. FED. RTRN.	$ _____	R. OTHER (EXPLAIN)	$ _____
F. PYMTS TO PARTNERS/COMP. OF S. CORP. OFFICERS	$ _____	_____	$ _____
G. SICK PAY NOT INCLUDED ON PAGE 1	$ _____	_____	$ _____
H. CONTRIBUTIONS	$ _____	_____	$ _____
L. OTHER (EXPLAIN) _____	$ _____		
M. TOTAL ADDITIONS	$ _____	Z. TOTAL DEDUCTIONS	$ _____

SCHEDULE Y -- BUSINESS ALLOCATION FORMULA

	A. LOCATED EVERYWHERE	B. LOCATED IN CITY	C. PERCENTAGE (B÷A)
STEP 1. AVERAGE VALUE REAL & TANGIBLE PERSONAL PROPERTY	$ _____	$ _____	
GROSS ANNUAL RENTALS MULTIPLIED BY 8	$ _____	$ _____	_____ %
TOTAL OF STEP 1	$ _____	$ _____	_____ %
STEP 2. TOTAL WAGES, SALARIES, COMMISSIONS AND OTHER COMPENSATION PAID TO ALL EMPLOYEES	$ _____	$ _____	_____ %
STEP 3. GROSS RECEIPTS FROM SALES AND WORK/SERVICES PERFORMED	$ _____	$ _____	_____ %
STEP 4. TOTAL PERCENTAGES			_____ %
STEP 6. AVERAGE PERCENTAGE (DIVIDE TOTAL PERCENTAGES BY NUMBER OF PERCENTAGES USED) ..... ENTER HERE AND ON LINE 3B			_____ %

Village of Rockford - TAX FILING CHECKLIST

**** Required Information ****

1. Page 1 & 2 of your Federal 1040 MUST be attached along with all W-2's and 1099's. RETURNS WILL NOT BE PROCESSED UNTIL 1040 IS RECEIVED. This could result in late fees - see #5.

2. All RESIDENTS and partial year residents of Rockford- 18 years and older MUST file a local income tax return. All municipalities are "Mandatory Filing", even if you don't work!! Partial year residents owe tax on the income earned while living in Rockford. (Retired taxpayers that have no Earned income and have registered with the tax office as being retired - need not file a return)

3. All individual and business returns are due by April 15th to PO Box 282, Rockford, OH 45882. Business returns with a F/Y ending date are due the 15th of the fourth month following the year end date. ALL Extensions must be filed by April 15th. See #5.

4. Use BOX 5 on W2 to figure taxable wages.

5. ALL RETURNS MUST BE SIGNED.

6. A $25.00 per month late fee, up to 6 months or $150 will be added to any late filed returns / extensions- even if no tax is due.

7. If you need assistance - please call the Village Office for an appointment.

* Rockford Income Tax Department *

151 East Columbia Street ~ P.O. Box 282 ~~ Rockford, OH 45882
419-363-3032 419-363-2395 (fax)