2024 BUSINESS OR INDIVIDUAL INCOME TAX RETURN
CITY OF GALLIPOLIS INCOME TAX DEPARTMENT

MAIL TO: PO BOX 339, GALLIPOLIS, OH 45631
TELEPHONE: 740-441-6009 FAX: 740-441-2062

TAX OFFICE USE ONLY

TOTAL PAID $ _____

❑ CASH ❑ CHECK _____

DATE BILLED _____

LATE FEE _____ TOTAL _____

PENALTY _____ MONTHS LATE _____

INTEREST _____ INS DEC _____

PROC. BY _____ AUDIT BY _____

TAXABLE PERIOD BEGINNING _____ 2024 AND ENDING _____
CALENDAR YEAR TAXPAYERS FILE AND PAY ON OR BEFORE APRIL 15, 2025

FILING IS REQUIRED EVEN IF NO TAX IS DUE

❑ Single ❑ Married - Joint ❑ Married - Separate

2024 Residency Status (Please check one) ❑ Check here if this is your initial return

❑ Resident ❑ Non-resident ❑ Partial year

Partial year list dates from _____ to _____ ❑ Check here if this is your final return

Account # _____ FED ID# _____

Name _____

SS# _____ SS# _____

Street Address _____

City, State, Zip _____

ATTACH COPIES OF ALL W-2s, Federal Schedules AND 1040s, 1065s, 1120s, etc...

			OFFICE USE ONLY
1.	**INDIVIDUALS ONLY)** Enter gross wages, salaries, bonuses, tips, commissions and other compensation **PROCEED TO LINE 5 IF LINE 1 IS YOUR TOTAL INCOME.**	$	$
2a.	Rental income - Complete Section B and attach Schedule E	$	$
2b.	Other income (Business income) - Complete section A and attach Schedule C, 1099s, etc.	$	$
2c.	Net operations Loss carry forward (NOL)	$	$
3a.	If schedule X, page 2, add item (h) $ _____ deduct item (n) $ _____ Net + (-)	$	$
3b.	Total lines 2b, 2c, and 3a	$	$
3c.	If schedule Y, page 2 is completed, % allocable to Gallipolis _____	$	$
4.	Adjusted other income-line 2a plus 3 c.	$	$
5.	Total income subject to tax (line 1 and line 4) - **Losses from line 4 are not ded from line 1 income .**	$	$
6.	Gallipolis income tax - 1% of line 5 amount	$	$
7.	Less: Gallipolis tax withheld by employers (individual only)	$ ( )	$ ( )
8.	Less: Payments and credits of estimated tax	$ ( )	$ ( )
9.	Less: income taxes paid to City of _____ **Not to exceed 1% of that city's income**	$ ( )	$ ( )
10.	TOTAL TAX DUE (lines 6 less lines 7, 8, and 9) **NOTE: No Payment is due if amount is $10.00 or less.**	$	$
11.	Overpayment claimed: ❑ Refund (must be greater than $10.00) $ _____ or ❑ Credit next year $ _____		$ ( )

RETURNS WILL NOT BE PROCESSED WITHOUT A SIGNATURE.

Do you want the Tax Department to discuss this information with the preparer? Yes ____ No ____

The undersigned declares that this return is true, correct and complete, and that the figures used herein are the same used for federal tax purposes, under penalty of perjury.

X _____
Signature of Taxpayer

X _____
Signature of Person Preparing, if other than taxpayer

X _____
Phone Number to Contact Date

X _____
Phone Number to Contact Date

PLEASE RETURN THIS FORM AND MAKE CHECKS PAYABLE TO THE CITY OF GALLIPOLIS INCOME TAX DEPT.

PAGE 2
ATTACH COPIES OF W-2s AND FEDERAL SCHEDULES HERE

SECTION A Attach appropriate federal schedules for income from partnerships, business, estates, trusts, fees and other

For (description)	Federal Form(s) Attached	Amount

TOTAL BUSINESS INCOME - Total to page 1, line 2b $_____

SECTION B Rental Income - **Attach copy of Federal Schedules E or 8825**

Total to page 1, line 2a $_____

SCHEDULE X - RECONCILIATION **FOR BUSINESS RETURNS ONLY**

Items Not Deductible

a. Capital Losses ..... $_____
b. Expenses applicable to non-taxable income ..... $_____
c. All taxes based on income ..... $_____
d. 5% of Intangible Income ..... $_____
e Payments to partners (from Federal Form 1065) ..... $_____
f. Contributions ..... $_____
g. Other items not deductible (Explain) ..... $_____
h. Total additions (enter as line 3a, page 1) ..... $_____

Items Not Taxable

i. Capital Gains ..... $_____
j. Interest ..... $_____
k. Dividends ..... $_____
l. Income from patents and copyrights ..... $_____
m. Other exempt income (explain) _____
_____
n. Total Deductions (enter as line 3a., page 1) ..... $_____

SCHEDULE Y - BUSINESS ALLOCATION FORMULA **FOR BUSINESS RETURNS ONLY**

	a. Located Everywhere	b. Located in This Municipality	c. Percentages (b ÷ a)
Step 1. Original cost of Real and Tangible Personal Property			
Gross annual rentals Multiplied by 8 Total Step 1			%
Step 2. Gross Receipts form Sales Made and/or Work or Services Performed			%
Step 3: Wages, Salaries and other Compensation Paid			%
Step 4. Total Percentages			%

Step 5: Average Percentage (Divide Total Percentage by Number of Percentages Used) Carry to line 3c, page 1 _____%