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OREGON on the bay
City of Opportunity

Due April 18, 2016 or 105 days after the end of the fiscal period.

2015 OREGON, OHIO INCOME TAX RETURN

5330 Seaman Road, Oregon, OH 43616
Web: www.oregonohio.org • E-Mail: incometax@ci.oregon.oh.us
Phone: (419) 698-7034
Fax: (419) 698-7049

Fiscal period: _____ , thru _____

Attach W-2s and a copy of page 1 of your Federal 1040 here on back.

Name and address are as they appear on our records. Please make necessary corrections below.

Did you apply for or receive a local tax refund from another city during this year? Yes No

DO YOU OWN this property? _____ or Rent? _____
Name & Address of Landlord: _____

Fed. ID No., if Applicable..... [ ]

Your SSN: _____

Spouse's SSN: _____

If you moved in 2015 or 2016, show the date(s) below.

Date moved into city.....

Date moved out of city .....

Telephone Number _____

Are you a resident of Oregon? ..... Yes No

Will you have taxable income next year? ..... Yes No

If No, please explain _____

SECTION A (Photocopies of W-2s are acceptable, if legible)

(A1) Name of Employer	(A2) City/Township Where Physically Working/Located	(A3) Oregon Tax Withheld (Amounts in A3 & A4 are obtained from Box 19 of W-2)	(A4) Other City Tax Withheld (Amounts in A3 & A4 are obtained from Box 19 of W-2)	(A5) Wages, etc. Qualifying Wages (Greater of Box 5 or 18)

1.	**Totals, if no other taxable income skip to Line 8**		
2.	**Total from Section C, Page 2, Col. A** (Remember to attach copies of all pertinent Federal schedules & 1099s issued for subcontract work in Oregon). ..	$	(2)
3.	**Total from Schedule X, Page 2** (Attach first 5 pages of Federal Form 1120 & 1099s issued for subcontract work in Oregon) (Businesses only).....	$	(3)
4.	**Total gain (loss) from Federal Schedule F** (if you have farm income/loss)	$	(4)
5.	**Total income subject to Oregon Income Tax** (Lines 1 thru 4)	$	(5)
6.	**Less allocable Oregon Net Loss from previous year** (not to be used by individuals unless there is farm loss) (5 year limit on losses)	$	(6)
7.	**Less eligible 2106 expenses** (Federal Form 2106 & Schedule A must be attached)	$	(7)
8.	**Income subject to Oregon Tax** [Line 5 minus (Lines 6 +7)]	$	(8)
9.	**Oregon Income Tax** (2.25% of Line 8)	$	(9)

SECTION B

10.	**TAX CREDITS** (Full credit given for employment city, up to 2.25%)		
a.	**Tax withheld by employer(s) per W-2s attached** [sum of Section A, Col. (A3) and (A4)]	$	(10a)
b.	**Credit for tax paid to other cities or villages** (Attach copy of city or village tax return)	$	(10b)
c.	**Tax paid by partnership on Schedule E income**	$	(10c)
d.	**Estimated tax paid this municipality** (include prior period overpayment)	$	(10d)
e.	**Total credits** (Add lines a thru d)	$	(10e)
11.	**BALANCE** (Line 9 minus Line 10e) (If unable to pay in full, please file by deadline and contact our office).....	$	(11)

If the number is positive, this is your balance due. Total tax liability of less than $5.00 will not be billed or collected.

If the number is negative, you have overpaid and are due a refund or you can carry the credit over to tax year 2016.

Overpayments of less than $5.00 will not be refunded or credited.

If overpayment exists, please indicate: Amount to be refunded $ _____ Amount to be carried over to 2016 $ _____

PENALTY/INTEREST SECTION

(To be completed **only** if return & payment are filed after the due date, or if a 2210 penalty results due to underpayment of estimated tax.)

12.	**Late filing penalty ($25)**	$	(12)
13.	**Penalty & Interest (When payment is past due)** (Accrues at 2% per month).....	$	(13)
14.	**2210 Penalty** (charged for underpayment of estimated tax)	$	(14)
15.	**Total penalty and interest** (Add lines 12 thru 14)	$	(15)
16.	**Add Line 15 and Line 11**	$	(16)

If the amount is a positive number, this is the total amount of tax due.

If the amount is a negative number, this will be your refund. In this case, please indicate: Amount to be refunded $ _____ Amount to be carried forward or back $ _____

TO PAY BY CREDIT CARD, SEE SPECIAL INSTRUCTIONS. DISCOVER VISA **MAKE CHECKS PAYABLE TO COMMISSIONER OF TAXATION, CITY OF OREGON**

The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated and the figures used herein are the same as used for Federal Income Tax purposes, and if an audit of Federal return is made which affects tax liability shown on this return, an amended return will be filed within 3 months.

X _____
Signature Date

_____
Signature of person preparing this return other than taxpayer Date

X _____
Signature of Taxpayer's husband or wife, if joint return Date

_____
Telephone number of preparer (MANDATORY)

IMPORTANT: This form is NOT considered filed until signed by taxpayer and spouse (if applicable).

If you authorize the Income Tax Division to discuss your account with the preparer named below, please check here

SECTION C

(Individual Use Only)

OTHER TAXABLE INCOME:	A PROFIT	B LOSS	C Percentage Allocable to Oregon
1. Schedule C (ATTACH FEDERAL SCHEDULE)			
2. Schedule E Rental (ATTACH FEDERAL SCHEDULE)			
3. Federal Schedule K-1 from Partnership Income (ATTACH SCH. 1065 and K-1s)			
4. Federal Schedule K-1 from S Corp. (ATTACH SCH. 1120S and K-1s)			
5. Misc. Income—Income not reported elsewhere			
Description:			
(Interest, dividends, unemployment, 1099-R income, and alimony are not taxable)			
6. TOTAL OTHER TAXABLE INCOME (Lines 1 thru 5)			
Enter Line 6, Column A on Page 1, Line 2			

NOTE: Losses cannot be netted against W-2 wages or between Schedules. However, they can be carried forward for up to 5 years to be used as an offset to future profits on like schedules. Schedule F losses can be netted against W-2 wages on page 1 (see line 4).

SECTION X

Reconciliation With Federal Income Tax Return (To be used by businesses only)
NOTE: Supporting Documents Must Be Included For ALL Deductions Taken

1.	Federal taxable income before net operating loss and special deductions: Form 1120, Line 28 If not a C corporation, please indicate the Form, Schedule, and line number with which you began:	1	$	
2.	Deduct: Intangible income included in the amount reported on line 1 above such as interest, dividends, patent and copyright income, and royalties derived from intangible property except intangible income that is directly related to the sale, exchange, or other disposition of property described in IRC Section 1221	2	–	
3.	Deduct: Income and gain included in the amount reported on line 1 above directly related to the sale, exchange, or other disposition of property described in IRC Sections 1221 or 1231 except to the extent the income and gains apply to those described in IRC Sections 1245, 1250 or 291	3	–	
4.	Deduct: Partnership, LLC, or S corporation IRC Section 179 expenses not already deducted in arriving at the amount reported on line 1 above	4	–	
5.	Deduct: Partnership, LLC, or S corporation charitable contributions not already deducted in arriving at the amount reported on line 1 above, to the extent they would be deductible by a C corporation	5	–	
6.	Deduct: Other sources of nontaxable income included in the amount reported on line 1 above Describe NOTE: Work opportunity Tax Credits (including, but not limited to FJC, WTWC, WOC, and IEC) that are allowed on the federal return do not qualify as a section X deduction per Ohio Revised Code 718.	6	–	
7.	Add: Five percent of intangible income reported on line 2 above	7	+	
8.	Add: Taxes based on or measured by net income and deducted in arriving at the amount reported on line 1 above	8	+	
9.	Add: Losses deducted in arriving at the amount reported on line 1 above directly related to the sale, exchange, or other disposition of property described in IRC Sections 1221 or 1231	9	+	
10.	Add: Guaranteed payments or similar amounts paid or accrued to current or former partners or members and deducted in arriving at the amount reported on line 1 above	10	+	
11.	Add: Dividends, distributions, or amounts set aside for or credited to the benefit of REIT or RIC investors and deducted in arriving at the amount reported on line 1 above	11	+	
12.	Add: Amounts paid or accrued to or for qualified self-employed retirement plans, health insurance plans, and life insurance plans for owners or owner-employees of a non-C corporation business and deducted in arriving at the amount reported on line 1 above	12	+	
13.	Add: Partnership, LLC, S corporation, etc. business related rental activities not included in the amount reported on line 1 above. If not related to the business or profession, report only on line 2 of Section C above [see ORC 718.02(C)]	13	+	
14.	Add: Other items that are not deductible for Ohio municipal income tax purposes Describe	14	+	
15.	Equals adjusted Federal taxable income for Ohio municipal income tax purposes	15	=	
16.	Line 15 times 100.0000% from Step 5 of Schedule Y below. Forward to line 3 on the front of this return	16	$	

Tax is imposed first on adjusted Federal taxable income of a partnership, LLC, or S corporation to the extent the business income is attributable to Oregon determined by using the Business Allocation Formula in Schedule Y below. Resident individual general partners, members, and corporation shareholders must then report their untaxed distributive shares and guaranteed (or similar) payments.

SECTION Y

Business Allocation Formula (Not for Resident Individuals)

		A. In Oregon	B. Everywhere	C. (A ÷ B)
Step 1.	Average original cost of real & tangible personal property			
	Gross annual rental expense multiplied by 8			
	Total Step 1			0.0000%
Step 2.	Wage, salary, & compensation expenses			0.0000%
Step 3.	Gross receipts from sales			0.0000%
Step 4.	Add the percentages in column C			0.0000%
Step 5.	Average percentage (Divide total in Step 4 by number of percentages used) If A and B in a step are zero, the percentage is not used.			100.0000%

SECTION Z

Partners' distributive shares of net income to be filled out by partnership entity only

Name, Street Address and City or Township of Each Partner	Distributive Share of Each Partner (Amount)
(a.)	$
(b.)	$
(c.)	$
(d.)	$
	Total $