

CELINA INCOME TAX RETURN

ACCOUNT # _____ YEAR _____
 Tax Administrator
 City Hall - 2nd Floor
 P.O. Box 117
 Celina, Ohio 45822-0117

*Return Due April 15th or (4) Months
 After The End Of The Fiscal Period

Form FR
 Revised 11-06

Residency Status (one)
 Resident
 Non-Resident
 Partial Year Resident

From _____ To _____

Change of Address	Taxpayer SS# _____ Spouse SS# _____ Federal I.D. No. _____ Occupation or Nature of Business _____ Spouse's Occupation _____ Did you file City Income Tax Return the previous year? L YES L NO Please contact my tax preparer if additional information is required. L YES L NO Make checks payable to: Tax Administrator
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PAGE 1, SECTION 1, W-2 WAGES, Lines 1 thru 4	Celina Tax Withheld 1%	Other City Tax WH. (Not to exceed 1%)	Total Wages
1. Total Qualifying Wages (Add and Attach all W-2's)	1A)	1B)	1)
2. Less Employee Business Expenses from Federal Form 2106 (Attach schedule)			2) < >
3. Less Non-Resident Income, If Part-Year Resident (Attach worksheet/Employer letter)			3) < >
4. Taxable Wages (Add lines 1, 2 and 3) If no business income, take total to line 11.....			4)

PAGE 1, SECTION 2, BUSINESS INCOMES AND ADJUSTMENTS, Lines 5 thru 10			
5. Total Business Income (From page 2, line 5)		5)	
6. Adjustments To Income - Schedule X (From page 2, line 6).....		6)	
7. Adjusted Gross Income (Add lines 5 and 6)		7)	
8. Amount Allocable - Schedule Y (From page 2, line 8 - _____ % x line 7).....		8)	
9. Less Net Loss From Previous Returns (From page 2, line 9).....		9) < >	
10. Taxable Business Income (Add lines 7 or 8 and 9).....		DO NOT ENTER LOSS	10)
11. Total Taxable Income (Add lines 4 and 10)			11)
12. Income Tax Rate (One Percent or 1.0% of line 11) For Celina			12)
13. Less Celina Tax Withheld (See line 1A above)		13) < >	
14. Less Credit Carry-over		14) < >	
15. Less Estimated Tax Paid		15) < >	
16. Less Other City Tax Withheld (See line 1B above)		16) < >	
17. Total Credits Allowable (Add lines 13, 14, 15 and 16).....			17) < >
18. Tax Due (If line 12 amount is greater than line 17).....			18)
19. Late Estimates at 90% (Penalty: 3% per mo. w/\$10 min. chg.) (Interest: 1% per mo.)			19)
20. Late Return Filing (Penalty: 3% per mo. w/\$10 min. chg.) (Interest: 1% per mo.)			20)
21. TOTAL AMOUNT DUE (Add lines 18 and 19) (NOT DUE if less than \$1.01)			21)
22. Overpayment (If line 17 amount is greater than line 12) (No Refund/Credit if less than \$1.01)			22)
A) Refund Requested (Add Birthdate if under age 16 ___/___/___ for refund)....		22A)	
B) Credited to Next Year's Tax		22B)	

PAGE 1, SECTION 3, DECLARATION OF ESTIMATED TAX	
23. Total Estimated Tax for YEAR _____ (at 1.0%) (See General Information #9)	23)
24. Amount Paid With This Estimate (At least 1/4 of line 23).....	24)
25. Total Tax Due (Add lines 21 and 23 or 24)	25)

Important: All Appropriate Forms and Schedules for (Sec. 1 and 2) must be attached before return will be accepted complete. The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated and that the figures used herein are the same as used for Federal Income Tax purposes.

Signature of Taxpayer or Agent _____ Title _____ Date _____
 Address of Above _____
 Phone Number of Above _____

Signature of Person Preparing Return _____ Date _____
 Address of Above _____
 Phone Number of Above _____

ATTACH W-2's, 1099M's and Schedules