

MAIL RETURN AND PAYMENT TO:
City of Greenville
 Income Tax Department
 100 Public Square, Greenville, OH 45331
 Phone: (937) 548-5747 • Fax: (937) 548-3035
 incometax@cityofgreenville.org

**2023 CITY OF GREENVILLE
 INCOME TAX RETURN
 DUE ON OR BEFORE APRIL 15
 (FILING REQUIRED EVEN IF NO TAX DUE)**

Fiscal year taxpayers shall file on or before the 15th day
 of the fourth month following the close of their fiscal year
 FISCAL PERIOD _____ TO _____ .

FORM R

MAKE CHECK OR MONEY
 ORDER PAYABLE TO:
City of Greenville

AUD.
P.M.
EXT.
M.L.

OFFICE USE ONLY

ACCOUNT NO. _____

FULL NAME(S) (BOTH NAMES IF FILING JOINT)

CURRENT STREET ADDRESS

CITY

STATE

ZIP

Resident – Greenville Non-Resident Part Year Resident (check one)

RETIRED AND/OR RESIDENTS WITH NO TAXABLE INCOME: REASON (CHECK APPROPRIATE BOX)

- Under 18 Years of Age for Entire Year, Date of Birth _____
- Active Duty Military for Entire Year
- All Income was from a Federally Qualified Retirement Plan, Date Retired _____
- All Income was from a Non-Taxable Source, List Source _____

Telephone No. _____

Your SSN or FIN _____

Spouse SSN _____

Complete if Moved Since Last Return or Part Year Resident

Date Moved Into Greenville City Limits _____

Date Moved Out Of Greenville City Limits _____

Previous Address _____

Did You File A Prior Year Greenville City Return YES NO

Will You Have Taxable Income Next Year YES NO

CITY OF GREENVILLE INCOME TAX RETURN

NOTE: Reverse side must be completed if you have taxable rental property or business income. ATTACH FEDERAL SCHEDULES & FEDERAL 1040

1. WAGES, SALARIES, TIPS, LOTTERY/GAMBLING WINNINGS (USE BOX 5 OF W2 FORM)
 (ATTACH ALL W-2'S AND/OR OTHER DOCUMENTATION TO BACK OF RETURN) 1 _____
2. OTHER TAXABLE INCOME FROM REVERSE SIDE (CANNOT DEDUCT LOSS FROM WAGES) 2 _____
3. TAXABLE INCOME LINE 1 PLUS LINE 2 3 _____
4. MUNICIPAL TAX 1.5% OF LINE 3 (ROUND AMOUNTS TO NEAREST DOLLAR) 4 _____
5. CREDITS:
 - A. GREENVILLE CITY TAX WITHHELD 5A _____
 - B. CITY TAX PAID TO ANOTHER MUNICIPALITY (NOT TO EXCEED 1.5% OF EACH WAGE) .. 5B _____
 - C. ESTIMATED TAX PAID AND CREDIT FROM PRIOR YEAR 5C _____
 - D. TOTAL CREDITS (ROUND AMOUNTS TO NEAREST DOLLAR) 5D _____
6. TAX DUE (PAYMENT MUST ACCOMPANY THIS RETURN) 6 _____
7. PENALTY (15% LINE 6) _____ PLUS INTEREST (SEE CITY WEBSITE FOR RATES)..... 7 _____
8. LATE FILING FEE – ADD \$25 AFTER APRIL 15th..... 8 _____
9. AMOUNT DUE BEFORE ESTIMATED TAXES 9 _____
10. OVERPAYMENT: REFUNDED \$ _____ OR CREDITED TO ESTIMATED TAXES \$ _____

NOTE: IF TAX DUE OR OVERPAYMENT IS \$10.00 OR LESS – NO TAX, REFUND OR CREDIT CARRY-OVER IS DUE.

DECLARATION OF ESTIMATED TAX (IF TAX DUE IS OVER \$200.00)

11. INCOME SUBJECT TO TAX \$ _____ TIMES TAX RATE OF 1.5% FOR GROSS TAX OF 11 _____
12. GREENVILLE CITY TAX WITHHELD 12 _____
13. OTHER CITY TAX CREDIT (NOT TO EXCEED 1.5% OF THAT PORTION TAXED) 13 _____
14. NET TAX DUE (LINE 11 LESS LINES 12 and 13) 14 _____
15. LINE 14 TIMES .25 15 _____
16. LESS OVERPAYMENT CREDIT FROM PRIOR YEAR RETURN 16 _____
17. AMOUNT PAID WITH THIS DECLARATION (LINE 15 MINUS LINE 16) 17 _____
18. BALANCE OF ESTIMATED TAX 18 _____

AMOUNT DUE (LINE 9) \$ _____ + (LINE 17) \$ _____ = **TOTAL**

I CERTIFY THAT I HAVE EXAMINED THIS 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 ANY KNOWLEDGE.

CHECK HERE TO GIVE US PERMISSION TO CONTACT YOUR PAID TAX PRACTITIONER DIRECTLY IF WE HAVE QUESTIONS REGARDING THE PREPARATION OF THIS RETURN.

Signature of Preparer _____ Date _____

Signature of Taxpayer _____ Date _____

Address of Preparer _____

Signature of Taxpayer _____ Date _____

Phone # _____

Fax # _____

**DO NOT USE THIS PAGE IF YOUR ONLY SOURCE OF INCOME IS FROM WAGES.
 ALL APPROPRIATE FEDERAL SCHEDULES MUST BE ATTACHED.
 ANY DEDUCTIONS NOT SUPPORTED BY SCHEDULES WILL BE DISALLOWED.**

ATTACH W-2(S) HERE

SCHEDULE C — BUSINESS INCOME

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

SCHEDULE E — INCOME FROM RENTS

1. ADDRESS OF PROPERTY	2. AMOUNT OF RENT	3. DEPRECIATION	4. REPAIRS	5. OTHER EXPENSES	6. NET INCOME (OR LOSS)
NET INCOME (or Loss) SCHEDULE E					\$ _____

SCHEDULE H — OTHER INCOME (PARTNERSHIPS, ESTATES, TRUSTS, PRIZES, DIRECTOR FEES, MISCELLANEOUS, COMMISSIONS, ETC.)

RECEIVED FROM	FOR (DESCRIBE)	AMOUNT
TOTAL INCOME SCHEDULE H		\$ _____

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

SCHEDULE X — RECONCILIATION WITH FEDERAL INCOME TAX RETURN (ATTACH SUPPORTING SCHEDULES)

ITEMS NOT DEDUCTIBLE		ADD	ITEMS NOT TAXABLE		DEDUCT
A.	Federally deducted losses from IRC 1221 or 1231 property dispositions	\$ _____	N.	Federally reported income and gains from IRC 1221 or 1231 property dispositions except to the extent the income and gains apply to those described in IRC 1245 or 1250.....	\$ _____
B.	Five percent of intangible income except that from IRC 1221 property dispositions	\$ _____	O.	Interest earned or accrued	\$ _____
C.	City or State income taxes	\$ _____	P.	Dividends	\$ _____
D.	Net operating loss deduction per Federal Return.....	\$ _____	Q.	Other Intangible Income	\$ _____
E.	Federally deducted dividends, distributions, or amounts set aside for, credited to, or distributed to REIT or RIC investors	\$ _____	R.	Amount of Federal Tax Credits to the extent they have reduced corresponding operating expenses	\$ _____
F.	Federally deducted 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 non-C corporation entities	\$ _____	S.	Not previously deducted IRC Section 179 Expense	\$ _____
G.	Rental activities by partnership, S corp, LLC	\$ _____	T.	Partnership, S corp, LLC charitable contributions	\$ _____
H.	Payments to partners (form 1065).....	\$ _____	U.	Other income exempt from Greenville tax	\$ _____
I.	Other expenses not deductible (explain).....	\$ _____	Z.	Total (enter on line 2.B at top)	\$ _____
M.	Total (enter on line 2.A at top)	\$ _____			

SCHEDULE Y — BUSINESS APPORTIONMENT FORMULA

	A. LOCATED EVERYWHERE	B. LOCATED IN THIS CITY	C. PERCENTAGE (B ÷ A)
STEP 1. ORIGINAL COST OF REAL AND 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 OF PERCENTAGES			_____ %
STEP 5. AVERAGE PERCENTAGE (DIVIDE TOTAL PERCENTAGES BY NUMBER OF PERCENTAGES USED) ENTER HERE AND ON LINE 3B, SCHEDULE C ABOVE.....			_____ %