

# 2020 CLYDE INCOME TAX RETURN

FOR CALENDAR YEAR 2020 OR FISCAL PERIOD \_\_\_\_\_ TO \_\_\_\_\_

CALENDAR YEAR TAXPAYERS FILE ON OR BEFORE APRIL 15, 2021. FISCAL TAXPAYERS FILE BY 15TH DAY OF THE 4TH MONTH AFTER FISCAL YEAR END.

**DECLARING EXEMPTION:** Please fill out exemption certificate on page 2 and sign on this page

**FILING REQUIRED EVEN IF NO TAX IS DUE**

225 N. Main St.  
Clyde, OH 43410  
PH: 419-547-8917  
FAX: 419-547-8968  
www.clydeohio.org

NAME: \_\_\_\_\_  
NAME OF SPOUSE IF FILING JOINT: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_  
PHONE #: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

IF YOU MOVED OR HAD ANY CHANGE IN STATUS DURING 2020, COMPLETE THE FOLLOWING:

Date moved into Clyde \_\_\_\_\_  
Previous Address \_\_\_\_\_  
Date moved out of Clyde \_\_\_\_\_  
If name change, give previous name \_\_\_\_\_

SOCIAL SECURITY # OR FEDERAL ID # \_\_\_\_\_ SPOUSE SOCIAL SECURITY # \_\_\_\_\_

## W-2 WORKSHEET

**W-2  
COPIES  
MUST  
BE  
ATTACHED**

Date wages were Earned (Month/Day) From To	1 PRINT EMPLOYER'S NAME	2 CITY WHERE EMPLOYED	3 CLYDE TAX WITHHELD	4 OTHER CITY TAX WITHHELD	5 CREDIT ALLOWED FOR OTHER CITIES (Max - 1.5% of Wages)	6 QUALIFYING WAGES ON W2 (greater of box 5 or 18)
<b>TOTALS</b>						

**ATTACH A COPY OF 1040, ALL APPLICABLE W-2S, FEDERAL SCHEDULES, EXPLANATIONS ETC...**

<b>INCOME</b>	1. Total W-2 wages from column 6 .....	1	\$
	1a. Miscellaneous Income - 1099-MISC, W-2G, etc. (Attach Copy of Supporting Documents).....	1a	\$
	2. Income from other than wages (from line 28) .....	2	\$
	3. TOTAL CLYDE INCOME. ADD LINES 1, 1a AND 2 .....	3	\$
<b>TAX</b>	4. CLYDE INCOME TAX. MULTIPLY LINE 3 BY 1.5% (0.015) .....	4	\$
<b>TAX WITHHELD, PAYMENTS AND CREDITS</b>	5. CLYDE income tax withheld from column 3 .....	5	\$
	6. Prior year credits .....	6	\$
	7. Estimated payments .....	7	\$
	8. Credit for taxes withheld to other cities from column 5 and 8B.....	8	\$
	9. TOTAL PAYMENTS AND CREDITS. ADD LINES 5 THROUGH 8 .....	9	\$
<b>BALANCE DUE, REFUND OR CREDIT</b>	10. <b>BALANCE DUE.</b> If line 4 is more than 9, enter balance due here .....	10	\$
	11. Late filing and late payment penalty (see instructions) .....	11	\$
	12. Interest (see instructions) .....	12	\$
	13. <b>TOTAL DUE.</b> Add lines 10 through 12. Carry to line 23 below (No tax due if \$10.00 or less) .....	13	\$
	14. <b>OVERPAYMENT.</b> If line 4 is less than line 9, enter overpayment here.....	14	\$
	15. AMOUNT FROM LINE 14 TO BE REFUNDED (no refund if \$10.00 or less)...	15	\$
	16. AMOUNT FROM LINE 14 TO BE CREDITED TO NEXT YEAR (no credit if \$10.00 or less) 16	16	\$

**DECLARATION OF ESTIMATED TAX – Taxpayers owing more than \$200.00 are required by law to set up and pay**

<b>ESTIMATE FOR NEXT YEAR</b>	17. Total estimated income subject to tax \$ _____ Multiply by tax rate of 1.5% (0.015) .....	17	\$
	18. Subtract any estimated income tax to be withheld or paid to other cities .....	18	\$
	19. Balance of city income tax declared. Subtract line 18 from line 17 .....	19	\$
	20. Tax due before credits. Enter at least 25% of line 19 .....	20	\$
	21. Less credits. Enter line 16 from above .....	21	\$
	22. Net estimated tax due. Subtract line 20 from line 21 .....	22	\$
<b>TAX DUE</b>	23. Enter balance due from line 13 above (No tax due if \$10.00 or less) .....	23	\$
	24. <b>TOTAL TAX DUE. ADD LINES 22 &amp; 23. PLEASE MAKE CHECKS PAYABLE TO CITY OF CLYDE.</b> .....	24	\$

If this return was prepared by a tax practitioner, check here if we may contact him/her directly with questions regarding the preparation of this return.  
The undersigned declares under penalty of perjury 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 PREPARER, IF OTHER THAN TAXPAYER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF TAXPAYER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME AND ADDRESS OF PREPARER (PLEASE PRINT)

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
SIGNATURE OF SPOUSE (IF JOINT RETURN)

\_\_\_\_\_  
TELEPHONE NUMBER

# SCHEDULE OF INCOME FROM OTHER THAN WAGES

RETURNS WILL NOT BE ACCEPTED WITHOUT COPIES OF FEDERAL SCHEDULES C AND E, FORMS 1120, 1120S, FORM 1065 WHEN APPLICABLE. MUST INCLUDE ALL PAGES, SCHEDULES & STATEMENTS

FORM OR SCHEDULE	INCOME OR LOSS FROM FEDERAL SCHEDULE	TAX CREDIT ALLOWED FOR TAX PAID TO OTHER CITIES (LIMITED TO 1.5% OF INCOME)
1. SCHEDULE C – BUSINESS INCOME (Attach copy of form and any referenced schedules)		
2. SCHEDULE E – RENTAL INCOME (Residents enter profit/loss from all properties) Nonresidents enter only profit/loss from Clyde properties.		
3. SCHEDULE F - FARM INCOME (Attach copy of form and any referenced schedules)		
4. SCHEDULE K-1 (Residents enter profit/loss from entities that do not pay Clyde tax on entire distributive share.) (Attach copy of K-1)		
5. FORM 1120, 1120S, 1065, 1041 (Attach copy of form and any referenced schedules)		
<b>6. TOTAL OF LINES 1 THRU 5</b>		
7. Previous Year Net losses (Limited to 5 years) - schedule must be attached		
<b>8. TOTAL INCOME (LOSS) Combine Lines 6 &amp; 7 and enter amount from 8A on Line 25 below and amount from 8B on Line 8 on page 1.</b>	<b>8A</b>	<b>8B</b>

## SCHEDULE X RECONCILIATION WITH FEDERAL INCOME TAX RETURN (NOT FOR INDIVIDUAL NON-BUSINESS USE)

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
a. Capital Losses (Excluding Ordinary Losses) .....	\$ _____	k. Capital gains (Excluding Ordinary Gains) .....	\$ _____
b. Expenses incurred in the production of non-taxable income ...	_____	l. Interest Income .....	_____
c. Taxes based on income (Including Franchise Tax) .....	_____	m. Dividend Income .....	_____
d. Net operating loss carry forward from Federal Return .....	_____	n. Section 179 Deduction .....	_____
e. Amounts paid or accrued on behalf of owners/partners for qualified self employed retirement plans, health insurance and/or life insurance.....	_____	o. Other (explain).....	_____
f. Officers Compensation not included in W-2 wages .....	_____	.....	_____
g. Other expenses not deductible (explain) .....	_____	.....	_____
h. <b>Total additions (enter on Line 26a)</b> .....	<b>\$ _____</b>	p. <b>Total Deductions (enter on Line 26b)</b> .....	<b>\$ _____</b>

## SCHEDULE Y BUSINESS ALLOCATION FORMULA

	a. LOCATED EVERYWHERE	b. LOCATED IN CLYDE	c. PERCENTAGE (b ÷ a)
<b>STEP 1</b> Avg. Original Cost of Real & Tang. personal property Gross annual rentals paid multiplied by 8 Total Step1	_____	_____	_____ %
<b>STEP 2</b> Gross receipts from sales made and/or work or services performed	_____	_____	_____ %
<b>STEP 3</b> Wages, salaries, and other compensation paid	_____	_____	_____ %
<b>STEP 4</b> Total percentages	_____	_____	_____ %
<b>STEP 5</b> Average percentage (Divide Total Percentages by Number of Percentages Used)			Carry to Line 27b below _____ %

25. Total from Schedule of Income From Other Than Wages above (Line 8A) .....	\$ _____
26. a. Items Not Deductible.....	ADD \$ _____
b. Items Not Taxable .....	DEDUCT \$ _____
c. Enter excess of Line 26A or 26B .....	\$ _____
27. a. <b>Adjusted Net Income</b> (Line 25 plus or minus 26C).....	\$ _____
b. Amount allocable to Clyde. If Schedule Y is used then, _____% of Line 27a .....	\$ _____
28. Amount subject to Clyde Income Tax (Carry to Page 1 Line 2 but not less than -0-).....	\$ _____

### EXEMPTION CERTIFICATE (Signature is required on page 1)

I have no taxable income because of the reason indicated below:

- RETIRED – I received only pension, Social Security and/or interest or dividend income for the entire year.
- UNDER 18 for the entire year of \_\_\_\_\_. My date of birth is \_\_\_ / \_\_\_ / \_\_\_\_\_. (Attach copy of birth certificate or driver's license)
- ACTIVE MEMBER OF THE U.S. ARMED FORCES for the entire year of \_\_\_\_\_.
- NO EARNED INCOME for the entire year of \_\_\_\_\_. (Public assistance, SSI, Unemployment, etc. is not considered earned income.)