

VILLAGE OF STRASBURG, OHIO

- Check your status as a taxpayer
Individual or Married Couple
Married Filing Separate Return
Retired with No Taxable Income
S Corporation C Corporation
Other (explain)

2009 INCOME TAX RETURN
Due by April 15th, 2010

If Partial Year or Fiscal Period, give dates
, 2009 through
FILING REQUIRED EVEN IF NO TAX DUE

Social Security No. (taxpayer)
Social Security No. (spouse)
Federal ID# (Business returns)
If You Moved During Year of This Return, Give Date Into Strasburg Out of Strasburg
Phone #
Should your account be deactivated? No Yes (reason)
Date of Birth

NAME AND ADDRESS: INDICATE ABOVE CHANGE(S) BY CHECKING NAME ADDRESS

Table with columns: INCOME, TAX, TAX WITHHELD, PAYMENTS & CREDITS, BALANCE DUE, REFUND OR CREDIT. Rows include: 1(A) ENTER TAXABLE QUALIFYING WAGES, 1(B) LESS: Wages earned while non-resident, 1. TOTAL, 2. Profit from Income other than Wages, 3. Total Taxable Income, 4. TAX - Multiply Taxable Income by 1% (.01), 5. Credits (A-E), 6. BALANCE DUE OR OVERPAYMENT, 7. If paying or filing after due date, 8. Total Amount Due or Overpaid, 9. Overpayment.

DECLARATION OF ESTIMATED TAX FOR YEAR 2010.
REQUIRED BY LAW ON ALL INCOME FROM WHICH STRASBURG TAX IS NOT WITHHELD.

Table with columns: MANDATORY ESTIMATE FOR NEXT YEAR, TAX DUE. Rows include: 10. Estimated 2010 Income Subject To Strasburg Tax, 11. Estimated Tax Due: 1% (.01) Times Line 10, 12. Credits (a-c), 13. Estimated Tax Due (Line 11 less Line 12c), 14. Amount Paid with this Declaration, 15. Enter Balance Due from Line 8 above, 16. TOTAL TAX DUE.

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 AND COMPLETE.
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.

Signature of Person Preparing if Other Than Taxpayer Date Signature of Taxpayer Date
Address or Name & Address of Preparer if Other Than Taxpayer Signature of Spouse (if joint return) Date

ATTACH W-2S HERE

THIS SECTION TO BE COMPLETED ONLY BY THOSE WITH PROFIT OR LOSS FROM INCOME OTHER THAN WAGES

- 17. Profit or Loss from any Business Owned 17 \$ _____
- 18. Rental Income (Attach Federal Schedule E Part I) &/or Farm Income (Attach Federal Schedule F) 18 \$ _____
- 19. Pass-through income (Attach Federal Schedule E, Parts II to V) (See Instruction 5.W.) 19 \$ _____
- 20. Other Income (Attach F1040 Pg 1) (1099-MISC, Form 4797 Ordinary Income, gambling winnings) 20 \$ _____
- 21. Total Other Taxable Income (Add Lines 17 to 20). If positive, enter on line 2, page 1. If negative, enter zero. 21 \$ _____

Attach any Adjusting Schedules or Worksheets including Pages 1 and 2 of Sch C & F; Pages 1 to 4 of 1120, 1120S, 1065, 1041

SCHEDULE X. RECONCILIATION WITH FEDERAL INCOME TAX RETURN

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
A. Capital Losses (Excluding ordinary Losses)	\$ _____	J. Capital Gains (Excluding Ordinary Gains).....	\$ _____
B. Expenses incurred in the production of non-taxable income (at least 5% of Line Z)	\$ _____	K. Interest income.....	\$ _____
C. Taxes paid to state and local municipalities	\$ _____	L. Dividends.....	\$ _____
D. Loss carried forward per Federal Return	\$ _____	M. Other (explain)	\$ _____
E. Payments to Partners		_____	

F. Sick pay not included in Line 1 above	\$ _____	_____	
G. Contributions	\$ _____	_____	
H. Other expenses not deductible (Explain)	\$ _____		
I. (Enter Schedule Z line 2A)	\$ _____	N. Enter Schedule Z Line 2B	\$ _____

SCHEDULE Y BUSINESS ALLOCATION FORMULA

USE ONLY IF NET PROFIT FROM STRASBURG BRANCH IS NOT AVAILABLE

	a. LOCATED EVERYWHERE	b. LOCATED IN STRASBURG	c. PERCENTAGE (b ÷ a)
STEP 1. AVG. VALUE OF REAL & TANG. PERSONAL PROPERTY	_____	_____	_____ %
STEP 2. GROSS RECEIPTS FROM SALES MADE AND/OR WORK	_____	_____	_____ %
OR SERVICES PERFORMED (SEE INSTRUCTIONS)	_____	_____	_____ %
STEP 3. WAGES, SALARIES AND OTHER COMPENSATION PAID EMPLOYEES	_____	_____	_____ %
4. Total Percentages			_____ %
5. AVERAGE PERCENTAGE (Divide Total percentages by Number of Percentages Used).		ENTER SCHEDULE Z LINE 3B	_____ %

SCHEDULE Z NON-RESIDENT INDIVIDUALS

- 1. BUSINESS INCOME..... \$ _____
- 2. A. ITEMS NOT DEDUCTIBLE – (Schedule X, Line I)Add \$ _____
- B. ITEMS NOT TAXABLE (Schedule X, Line N)Deduct \$ _____
- C. ENTER EXCESS LINE 2A OR 2B..... \$ _____
- 3. A. ADJUST NET INCOME (Line 1 Plus/Minus Line 2C) IF SCHEDULE X IS USED..... \$ _____
- B. AMOUNT ALLOCABLE TO STRASBURG IF SCHEDULE IF SCHEDULE Y STEP 5 IS USED _____ % OF LINE 3A \$ _____
- 4. TAXABLE BUSINESS INCOME: LINE 3A or LINE 3B (Enter On Page 1 Line 2A..... \$ _____