

**INDIVIDUAL - 2021  
INCOME TAX RETURN  
WEST UNION**

**Due Date 04/15/2022**

**FILING REQUIRED EVEN IF NO TAX IS DUE  
INCLUDE COPIES OF ALL W-2 FORMS  
INSTRUCTIONS ON BACK AND AT:  
www.westunionoh.net**

**MAKE CHECK OR MONEY ORDER TO:**  
WEST UNION INCOME TAX BUREAU  
  
P.O. Box 556  
West Union OH 45693  
  
Voice 937-217-8855 Ext  
tax@westunionoh.net

Taxpayer's Social Security No.	
HomeTelephone No.	BusinessTelephone No.
Spouse's Social Security No.	
Spouse's Name	
HomeTelephone No.	BusinessTelephone No.

Name \_\_\_\_\_  
And \_\_\_\_\_  
Address \_\_\_\_\_

<b>Filing Status</b>		IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES	
<input type="checkbox"/> Single	<input type="checkbox"/> RESIDENT	INTO	/ /
<input type="checkbox"/> Married filing joint	<input type="checkbox"/> NON-RESIDENT	OUT OF	/ /
<input type="checkbox"/> Married filing separate	IF YOU RENT, PLEASE GIVE LANDLORDS INFORMATION		
NAME _____			
ADDRESS _____			

**Income**

1 Wages, salaries, tips, etc. 1

2 Other taxable income 2

3 Total taxable income (add lines 1 and 2) 3

**Tax and Credits**

4 West Union tax due before credits (1.000% of line 3) 4

5 Estimated tax payments made to West Union 5

6 Taxes withheld and paid to West Union 6

7 Overpayment from prior year(s) 7

8 Taxes withheld and paid to other localities 8

Maximum credit = 1% of W-2 Box 5 or Box 18 or actual amt in Box 19.

9 Total credits (add lines 5 through 8) 9

**Refund** ( Issued if greater than 10.00 )

10 If line 9 is greater than line 4, subtract line 4 from line 9. This is the amount you overpaid 10

11 Amount of line 10 to be credited to next years estimate 11

12 Amount of line 10 to be refunded 12

**Tax Due** ( if greater than 10.00 )

13 If line 4 is more than line 9, subtract line 9 from 4, this is the tax amount you owe 13

14 Penalties and interest **Late File** \_\_\_\_\_ **Late Pay** \_\_\_\_\_ **Late Estimate** \_\_\_\_\_ **Interest** \_\_\_\_\_ 14

**Declaration of Estimate For 2022**

15 Estimated income 15

16 Estimated tax due. Multiply line 15 by 1.000% 16

17 Taxes to be withheld and paid to West Union and other localities 17

18 Prior credit applied to estimated tax payments (From line 11) 18

19 Net estimated tax due (subtract line 17 and 18 from 16) 19

20 Minimum amount due for first quarter (multiply line 19 by .25) 20

**Amount You Owe**

21 Total amount due (add lines 13, 14 and 20) 21

I certify that I have examined this return and any accompanying schedules and to the best of my knowledge and belief confirm that it is true, complete and correct.

<b>Tax Office Use Only : Tax Office Use Only : Tax Office Use Only</b>

\_\_\_\_\_  
Taxpayer's Signature Date

\_\_\_\_\_  
Spouse's Signature Date

\_\_\_\_\_  
Tax Preparer's Signature Date

(If other than taxpayer) Phone No. \_\_\_\_\_

May VILLAGE OF WEST UNION discuss this return with the preparer shown above \_\_\_Yes \_\_\_No

**IN LIEU OF COMPLETING YOU MAY ATTACH APPROPRIATE FEDERAL SCHEDULES**

<b>SECTION A</b>	Profit (or Loss) from Business or Profession
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- 1. TOTAL RECEIPTS LESS ALLOWANCES, REBATES, AND RETURNS .....\$ \_\_\_\_\_
- 2. LESS Cost of labor \$ \_\_\_\_\_ Materials supplies, and other costs.....\$ \_\_\_\_\_
- 3. GROSS PROFIT FROM SALES, ETC (line 1 less line 2).....\$ \_\_\_\_\_
- 4. INTEREST \$ \_\_\_\_\_ OTHER BUSINESS INCOME (Specify)..... \$ \_\_\_\_\_
- 5. TOTAL BUSINESS INCOME BEFORE DEDUCTIONS .....\$ \_\_\_\_\_

**BUSINESS DEDUCTIONS**

- 6. ADVERTISING AND PROMOTIONS .....\$ \_\_\_\_\_
- 7. AUTO, TRUCK, AND TRAVEL .....\$ \_\_\_\_\_
- 8. INT ON BUSINESS INDEBTEDNESS .....\$ \_\_\_\_\_
- 9a TAXES BASED ON INCOME .....\$ \_\_\_\_\_
- b. OTHER BUSINESS TAXES .....\$ \_\_\_\_\_
- 10. SALARIES AND WAGES .....\$ \_\_\_\_\_
- 13. OTHER (List if over 10% of line 14) .....\$ \_\_\_\_\_
- 14. TOTAL BUSINESS DEDUCTIONS (Total of lines 6 to 13) . \$ \_\_\_\_\_
- 15. NET PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION (LINE 5 LESS LINE 14) .....\$ \_\_\_\_\_

<b>SECTION B</b>	Income from Rents – from Federal Schedule E.
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<b>SECTION C</b>	Total from Federal Schedule D, From 4797	\$ _____
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- 12. RENTS (Paid to \_\_\_\_\_)
- \$ \_\_\_\_\_

Kind and Location of Property	Amount of Rent	Depreciation	Repairs	Other Expenses	Net Income (or Loss)

NET INCOME SECTION C.....\$ \_\_\_\_\_

RECEIVED FROM	FOR (DESCRIBE)	AMOUNT

<b>SECTION D</b>	All other Taxable Income
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NET INCOME SECTION D.....\$ \_\_\_\_\_

<b>TOTAL</b>	From Section A, B, C, & D enter on page 1, line 1.....\$ _____
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**SCHEDULE X Reconciliation with Federal Income Tax Return**

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>ITEMS NOT DEDUCTIBLE</b></p> <ul style="list-style-type: none"> <li>a. Capital Losses (Excluding Ordinary Losses).....\$ _____</li> <li>b. Expenses incurred in the production of non-taxable income (at least 5% of line Z).....\$ _____</li> <li>c. Taxes based on income (State).....\$ _____</li> <li>d. Taxes based on income (City).....\$ _____</li> <li>e. Net operating loss deduction per Federal Return.....\$ _____</li> <li>f. Payment to partners .....\$ _____</li> <li>g. Real Estate Investment Trust distributions.....\$ _____</li> <li>h. Other expenses not deductible (Explain).....\$ _____</li> <li>i. (enter line x next column) <span style="float: right;">Total \$ _____</span></li> </ul> | <p><b>ADD</b></p> | <p><b>ITEMS NOT TAXABLE</b></p> <ul style="list-style-type: none"> <li>n. Capital gains (excluding Ordinary Gains) .....\$ _____</li> <li>o. Interest income .....\$ _____</li> <li>p. Dividends.....\$ _____</li> <li>q. Other (Explain) .....\$ _____</li> <li>_____</li> <li>w. Enter Total Items Not Taxable ..... Total \$ _____</li> <li>x. Enter Total Items Not Deductible ..... Total \$ _____</li> <li>z. Difference – Enter on Line 2, Page 1..... Total \$ _____</li> </ul> |
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**SCHEDULE Y Business Allocation Formula**

	a LOCATED EVERYWHERE		b LOCATED IN WEST UNION		c PERCENTAGE (b ÷ a)	
	2. Resident	Yes	No	Percent	Amount	%
STEP 1. Original cost of real and tangible personal property	_____	_____	_____	_____	_____	_____
Gross annual rentals paid multiplied by 8	_____	_____	_____	_____	_____	_____
<b>TOTAL STEP 1</b>	_____	_____	_____	_____	_____	_____
STEP 2. Wages, salaries and other compensation paid	_____	_____	_____	_____	_____	_____
STEP 3. Gross receipts from sales made and services performed	_____	_____	_____	_____	_____	_____
4. Total percentages	_____	_____	_____	_____	_____	_____
5. Average percentage (Divide Total Percentages by Number of Percentages Used) (Carry to Line 4 page 1) .....	_____	_____	_____	_____	_____	_____

**SCHEDULE Z PARTNERS SHARE OF INCOME**

1. NAME AND MUNICIPALITY OR TOWNSHIP OF EACH PARTNER	2. Resident		3. Dist shares of partners		4. Other Payments	5. Taxable Percentages	6. Amount Taxable
	Yes	No	Percent	Amount			
7. TOTALS from Section A and D Above			100	\$			