Village of Leipsic

2024 Leipsic Individual Tax Return

village of Leipsic	2024 Leipsic IIIc	iividdai Tax Netu	111	Due on or befor	
Income Tax Department				April 15, 2025	
142 E Main St.	FILING REQUIRED E	VEN IF NO TAX IS DUE.			
Leipsic, OH 45856					
www.leipsic.com					
419-943-2492	Resid	lency Status □ Resident □	Non Resident - Part Vear	Resident	
E-Mail: rspangler@leipsicohio.com					
E-Mail: Ispangier@ierpsiconio.com	Carran	Taxpayer SSN:Spouse SSN:			
	Spouse SSI	N:			
Taxpayers Name:	Phone Nur				
Spouses Name:					
Address :	If you mov	ed during the year, you	must		
City: State Zip Code	complete lines below				
	Date moved out of Leipsic Into				
		ddress			
	Previous A	ddress			
PART A	50.00000000000000000000000000000000000	44246		N/30770000000000000000000000000000000000	
I AM NOT REQUIRED TO COMPLETE LINES 1-13 OF THIS	S TAX RETURN RECAUSE:				
□ ACTIVE DUTY MILITARY UNTIL DATE		COME IS FROM NON TAXABLE	COLIDCE LIST COLIDCE		
□ RETIRED PRIOR TO 2023			50.0 1.0 10.0 10.0 10.0 10.0 10.0 10.0 1		
		FROM LEIPSIC PRIOR TO 1/1/23			
UNDER 18 YEARS OF AGE		ER DECEASED, LIST DATE OF DE	ATH		
DATE OF BIRTH (REQUIRED)		LOYEMNT, EXPLAIN			
PART B REQUIRED ATTACHMENTS: A			REFERNCED SCHEDUL	LES	
1. REQUIRED ATTACHMENTS: ALL W-2'S, FEDERAL I	FORM 1040, ALL REFERNCED SCHEDU				
		Resident	Other City	Wages	
Employer's Name	City Where Employed	Tax Withheld	Tax Withheld	Box 5 of W-2	
	TOTAL	1a.	1b.	1c.	
IF NO OTHER INCOME COMPUTE YOUR TAX ON LINE 3		10.	TO.	IC.	
2. Other Taxable Income (Worksheet A on back)					
				2	
3. Leipsic Total Taxable Income (Column 1c plus Line 2) Lo	sses on Line 2 cannot oπset taxable wage	es from Line 1c		3	
4. Leipsic Municipal Tax Due (Line 3 multiplied by 1.5%)				4	
5. Credits					
a. Leipsic Tax Withheld by Employer (Column 1a abov		2	5a.		
b. Other City Tax Withheld (Column 1b above, can't e	exceed municipal tax rate of 1.5%)		5b.		
c. Estimated Taxes Paid	•		5c.		
d. Credit from prior years			5d.		
e. TOTAL CREDITS				5e.	
6. Tax Due (subtract Line 5e from Line 4)				6	
7. Penalty, interest & Late Filing Fee					
a. Penalty (15%) of the amount not timely paid			7a.		
b. Interest(.8333% per month) imposed on all tax not	timely paid		7b.		
c. Late Filing Fee (\$25.00) if past April 15, 2025	amery paid				
			7c.	7.1	
d. TOTAL AMOUNT DUE (Line Color Total Total Amount Due (Line Color Total Amount Due (Line Color Total Total Amount Due (Line Color Total Amount Due (Line Color Total Total Amount Due (Line Color Total	Land the second of the second			7d.	
8. TOTAL AMOUNT DUE (Line 6 plus line 7D) Make check				8	
NOTE: Refund or tax due of \$10.00 or less not payable					
9. Overpayment 🗆 refu					
	DECLARATION OF ESTIMA				
MANDATORY IF YOU OWE \$	200.00 OR MORE IN TAX THAT IS	NOT WITHHELD, YOU M	UST FILE AND PAY ESTIM	ATED TAX	
0. Total Estimated tax for 2024 (1.5% multiplied by TOTAL IN			10. \$	TAX OFFICE USE ONLY	
 Less Credits (Including prior year credit from line 9 above) 	1	11. \$		□ Cash □ CC	
12. Net Taxes Owed			12. \$	□ Check	
3. Amount paid with this declaration (1/4 of line 12) Subsequent	payments due 6/15, 9/15, 01/15		13. \$	Amount:	
	2000 000 000 000 000 000 000 000				
THE UNDERSIGNED DECLARES THAT THIS RETURN(AND	ACCOMPANYING SCHEDULES) IS A TRI	JE, CORRECT AND COMPLETE	RETURN FOR THE TAXABLE F	PERIOD STATED.	
IF THIS RETURN WAS PREPARED BY A TAX PROFES				Anne anno 1000 to the control of the	
	, , , , , , , , , , , , , , , , , , , ,				
Ganatura		T D			
Signature Date		Tax Preparer	Date	3	

Signature	Date	Tax Preparer	Date	
Signature	Date	Telephone		

WORKS	HEET A Other Income(Schedules C,E,F,K-1, 1099-MISC, W-	2G, ect. To avoid a delay	in processing, attach supp	orting documents.)
1. SCHED	ULE C-Profit or Loss from Business (Attach Form 1040, Schedule C	2)		
	Profit/(Loss) From Schedule C			1a.
1b. % Al	locable to Leipsic-Residnets use 100%; Nonresidents; complete work	sheet C below		1b.
1c. Leip	sic Profit/(Loss) (Line 1a multiplied by Line 1b)		1c.	
2. SCHED	ULE E-Profit or Loss from Rents/Royalties Attach Form 1040, Sch	edule E	2	
3. SCHED	ULE E-Profit or Loss from Partnerships Attach Form 1040, Sched	ule E and Form K-1	3	
4. SCHED	ULE F-Profit or Loss from Farming Attach Form 1040, Schedule F		4	
5. 1099-N	MISC-Miscellaneous Income Attach Form(s) 1099-MISC and page	1 of Form 1040	5	
6. W-2G- 0	Gambling Winnings Attach Form(s) 1099-MISC and Page 1 from F	orm 1040	6	
7. FORM	2106 FROM WORKSHEET B		7	
8. OTHER	List seperately and provide detail		8	
9. SUBTO	TAL Add Lines (1c) through (8)			9
10. LESS:L	OSS CARRYFORWARD 2019() 2020 () 2021 () 2022 () 2023 ()	10
11. TOTAL	L (Line 9 minus Line 10) ENTER ON PAGE 1 LINE 2			11
WORKSH	EET B -2106 EMPLOYEE BUSINESS EXPENSE			
recieve a	o your city of residence. If the income is taxable to your city employered of tax. You must attach a copy of the 2106, 1040 and Sche Form 2106 line 10+Schedule A line 24	dule A with your city retur	٦.	Carry to Worksheet A Line 7
WORKSHI	EET C Business Apportionment Formula (To be completed by all	nonresidents with net pro Located Everywhere (A)	fit or loss in Leipsic) Located in Leipsic (B)	Percentage (B/A)
Ct 4		(-4	1-7	
Step 1	Original Cost of Real and Tangible Personal Property			
Step 1	Gross Annual Rents paid Multiplied by 8			<u>.</u>
	Gross Annual Rents paid Multiplied by 8 Total Step 1			<u>-</u>
Step 2	Gross Annual Rents paid Multiplied by 8 Total Step 1 Wages, Salaries and Other Compensation Paid			
Step 2 Step 3	Gross Annual Rents paid Multiplied by 8 Total Step 1 Wages, Salaries and Other Compensation Paid Gross Receipts from Sales Made and/or Work or Services Performed			
Step 2 Step 3 Step 4	Gross Annual Rents paid Multiplied by 8 Total Step 1 Wages, Salaries and Other Compensation Paid Gross Receipts from Sales Made and/or Work or Services Performed Total Percentages (Add Percentages from Step 1-3)			
Step 2 Step 3 Step 4 Step 5	Gross Annual Rents paid Multiplied by 8 Total Step 1 Wages, Salaries and Other Compensation Paid Gross Receipts from Sales Made and/or Work or Services Performed Total Percentages (Add Percentages from Step 1-3) Apportionment Percentage (Divide Step 4 by Number of Percentages Used) El			
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If additional space is needed please attach extra information pages