2024 TIFFIN INCOME TAX RETURN

FOR CALENDAR YEAR 2024 OR FISCAL PERIOD _____

CALENDAR YEAR TAXPAYERS FILE BY APRIL 15, 2025. FISCAL TAXPAYERS FILE BY 15TH DAY OF 4TH MONTH AFTER FISCAL YEAR END



SCAN CODE TO PAY ONLINE

FILING REQUIRED EVEN IF NO TAX IS DUE

☐ DECLARING EXEMPTION: Please fill out exemption certificate on page 2 and sign form at bottom

MAIL TO: City of Tiffin Income tax 53 East Market Street P.O. Box 518 Tiffin, OH 44883 (419) 448-5405

E 12/2/2				IE VOLLNI			(419) 448-5406 FAX	
IAME(S):				IF YOU MOVED OR HAD ANY CHANGE IN STATUS DURING 2024, COMPLETE THE FOLLOWING:				
` '			Date moved into Tiffin					
ITY, STATE, Z	ZIP:		Previous Address					
, ,			Date moved out of Tiffin					
				*If name cha	ange, give previous n	ame		
OCIAL SECU	RITY # OR I	FEDERAL ID #	SPOUSE SO	OCIAL SECURITY #				
W-2 WOR	KSHFF	Т						
		<u> </u>		3	4	5	6 CREDIT ALLOWED	
COPIES	Date wages wer Earned (Month/Da	av)	2	QUALIFYING WAGES	TIFFIN TAX	OTHER CITY T	TAX FOR OTHER CITIES	
OF ALL	From To	PRINT EMPLOYER'S NAME	CITY WHERE EMPLOYED	(GREATER OF BOX 5 OR 18)	WITHHELD	WITHHELD	(SEE INSTRUCTIONS)	
W2s, 1099s,								
& FEDERAL								
TAX RETURN								
MUST BE								
ATTACHED		TOTAL	.S					
		A COPY OF 1040, ALL APPL						
INCOME		Total W-2 wages from colum						
		Miscellaneous Income (See						
		Income from other than wage						
		TOTAL TIFFIN INCOME. AD						
TAX		TIFFIN INCOME TAX. MULT	(/			5 \$		
TAX		Tiffin income tax withheld from						
WITHHELD,	D. 7. Prior year credits							
PAYMENTS	O Fatimated normanta							
AND		Credit for tax withheld to oth	,	· -				
CREDITS	10.	Credit for nondeductible exp	enses (from worksheet - see	instructions)10 \$				
CUEDIIO	11.	TOTAL PAYMENTS AND CF	REDITS. ADD LINES 6 THRO	DUGH 10		11 \$		
DAI ANCE		BALANCE DUE. If line 5 is	,			<u> </u>		
BALANCE		13. Late filing and late payment penalty (see instructions)						
DUE,	14.	Interest. 0.833% per month,	if applicable			14 \$		
REFUND	15.	TOTAL DUE. Add lines 12 th	rough 14. Carry to line 25 be	elow (No tax due if \$10.00	or less)	15 \$		
OR		OVERPAYMENT. If line 5 is	· · · · · · · · · · · · · · · · · · ·	•				
CREDIT	17.	AMOUNT FROM LINE 16 TO	BE REFUNDED (No refund or cre	edit if \$10.00 or less)17 \$				
	18.	AMOUNT FROM LINE 16 TO	BE CREDITED TO NEXT Y	'EAR 18 \$				
		DECLARATION OF ESTIMA					and pay	
ESTIMATE	19.	Total estimated income subje	ect to tax \$ N	fultiply by tax rate of 2.0%	(.02)	19 \$		
FOR	20.	Subtract any estimated incor	me tax to be withheld or paid	to other cities		20 \$		
NEXT	21.	Balance of city income tax d	eclared. Subtract line 20 fron	n line 19		21 \$		
YEAR	22.	Tax due before credits. Ente	r at least 25% of line 21			22 \$		
LAII	23.	Less credits. Enter line 18 fr	om above			23 \$		
	24.	Net estimated tax due. Subtr	act line 23 from line 22			24 \$		
TAX DUE	25.	Enter balance due from line	15 above (No tax due if \$10.	00 or less)		25 \$		
IAX DUL	26.	TOTAL TAX DUE. ADD LINES 24 8						
		PAY ONLINE AT WWW.TIFFINOHI	O.COM OR SCAN QR CODE ABOVE			26 \$		
The undersign	ned declares und	a tax practitioner, check here if we may ler penalty of perjury that this return (and me Tax purposes.				and that the figure	es used herein are the	
SIGNATURE OF	PREPARER, IF O	THER THAN TAXPAYER	DATE	SIGNATURE OF TAXPAYER			DATE	
NAME AND ADD	RESS OF PREPA	RER (PLEASE PRINT)	TELEPHONE NUMBER	SIGNATURE OF SPOUSE (IF JC	DINT 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 2.0% OF INCOME)					
SCHEDULE C - BUSINESS INCOME (Attach copy of form and any referenced schedules)							
 SCHEDULE E - RENTAL INCOME (Residents enter profit/loss from all properties) Nonresidents enter only profit/loss from Tiffin properties. 							
3. SCHEDULE F - FARM INCOME (Attach copy of form and any referenced schedules)							
SCHEDULE K-1 (Residents enter profit/loss from entities that do not pay Tiffin tax on entire distributive share.) (Attach copy of K-1)							
5. FORM 1120, 1120S, 1065, 1041 (Attach copy of form and any referenced schedules)							
6. TOTAL OF LINES 1 THRU 5 Enter amount from 6A on Line 27 below and amount from 6B on Line 9 on page 1.	6A	6B					
SCHEDULE X RECONCILIATION WITH FEDERAL INCOME TAX RETURN	(NOT FOR INDIVIDUAL	NON-BUSINESS USE)					
ITEMS NOT DEDUCTIBLE ADD	ITEMS NOT TAXABLE	DEDUCT					
c. Taxes based on income (Including Franchise Tax) I. Interest Incom	(Excluding Ordinary Gains)ne						
e. Amounts paid or accrued on behalf of owners/partners for qualified self employed n. Section 179 E	me Deduction						
	ו)						
g. Other expenses not deductible (explain)	ions (enter on Line 28b)						
SCHEDULE Y BUSINESS ALLOCATION FORMULA							
a. LOCATED EVERYWHERE STEP 1 Avg. Original Cost of Real & Tang. personal property Gross annual rentals paid multiplied by 8 Total Step1 STEP 2 Gross receipts from sales made and/or work or services performed Wages, salaries, and other compensation paid STEP 4 Total percentages Average percentage (Divide Total Percentages by Number of Percentages Used)	b. LOCATED IN C. PERCE (b ÷						
27. Total from Schedule of Income Other than Wages above (Line 6A)		\$					
28. a. Items Not Deductible	DEDUCT \$						
29. Adjusted Current Net Income (Loss) (See instructions)		·					
30. Enter Allowable NOL Carry forward - Schedule must be attached							
31. a. Adjusted Net Income after NOL Carryforward (Line 29 minus 30)							
32. Amount subject to Tiffin Income Tax (Carry to Page1, Line 3 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 (Does not include civilians employed by military.)							

□ NO EARNED INCOME for the entire year of _____. (Public assistance, SSI, Unemployment, etc. is not considered earned income.)