Village of Rushsylvania
PO Box 245
Huntsville, Ohio 43324
Phone: (937) 843-3140
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RUSHSYLVANIA VILLAGE
INCOME TAX RETURN
FILING REQUIRED EVEN IF NO TAX IS DUE

MUST FILE BY APRIL 15, 2025

CALENDAR YEAR_____

Residency Status (Check one)
Resident_____ Non Resident_____
Part Year Resident_____
Date Moved In_____ Moved Out_____
Phone Number_____
Social Security #_____
Social Security #_____
Federal ID #_____
Date Business Started_____

TAXPAYER NAME AND ADDRESS

1. **REQUIRED ATTACHMENTS: ALL W-2's, FRONT PAGE OF 1040, ALL REFERENCED SCHEDULES**……

Employers Name	City Where Employed	1a. Rushsylvania Tax Withheld	1b. Medicare Wages Box 5 of W-2s
	TOTAL	1a._____	1b._____

IF NO OTHER INCOME, COMPUTE YOUR TAX ON LINE 5

2. Income From Self Employment (Attach Federal Schedule C)…… 2._____
3. Income From Rents or Leases) (Attach Federal Schedule E) …… 3._____
4. Other Taxable Income (Attach Schedules, W-2G from Gambling or Total from page 2..... 4._____
5. Total Taxable Income (Colum 1B plus line 2, 3 and 4 …… 5. _____
6. Rushsylvania Village Income Tax - 1% of Line 5 …… 6. _____
7. CREDITS:
   a. Rushsylvania Village Tax Withheld (Colum 1a above)…… a. _____
   b. Estimated Tax Paid…… b._____
   c. Credit From Prior Years…… c._____
   TOTAL CREDITS…… 7._____
8. Tax Due (Subtract Line 7 From Line 6)…… 8._____

IF FILED AND/OR PAID AFTER APRIL 15 COMPLETE NO. 9

9. a. Penalty (15% of line 8) if past April 15th……a. _____
   b. Interest (.58 % per month of line 8) if past April 15th…….. b._____
   c. Late Filing Fee ($25.00 per month) if past April 15th…….. c._____
   d. Total of Line 9a, b and c…… . 9. _____
10. Total Tax Due (Line 8 plus 9) (Make check Payable to Rushsylvania Income Tax)…… 10._____

NOTE: Refund or Tax Due of $10.00 or less is not payable.

11. Overpayment Refund $_____ Credit to New Estimate $_____

DECLARATION OF ESTIMATED TAX

12. Estimated Income Subject to Tax $_____ tax rate of 1% ……12. _____
13. Estimated Tax Withheld by your Employer(s) ……13. _____
14. Overpayment applied from 2019 ……14. _____
15. Other Payments and Credits ……15. _____
16. Total Payments and Credits (Add Lines 13, 14 and 15)……16._____
17. Net Estimated Tax Due (Line 12 minus line 16) ……17. _____
18. Estimated Tax Paid With Return (Not less than 25% of line 17) ……18. _____
19. TOTAL DUE (Line 10 plus Line 18) ……19. _____

Make Check Payable to the VILLAGE OF RUSHSYLVANIA INCOME TAX

The undersigned declares that this return, and accompanying schedules is a true, correct and complete return for the taxable period stated.
If this return was prepared by a tax professional, may we contact them directly _____ yes ____ no

_____ _____
Signature Date Tax Preparer Date

_____ _____
Signature Date Telephone Number Address

SCHEDULE C - BUSINESS INCOME

BUSINESS NAME	Net Income/Loss	Percentage	Taxable Income

From Attachment(s) …….._____
TOTAL (Enter on Page 1 Line 2)…..…….._____

SCHEDULE E - RENTAL INCOME

Address of Property	Rent Received	Total Expenses	Net Income/Loss

From Attachment(s)…… _____
TOTAL (Enter on page 1 line 3)…… $ _____

SCHEDLUE O - OTHER TAXABLE INCOME

From	Description	Amount

From Attachment(s) …… _____
TOTAL (Enter on Page 1 Line 4) ……$ _____

SCHEDULE Y - BUSINESS ALLOCATION FORMULA

	A. Located Everywhere	b. Located In	c. Percentage
Step 1. Average Value of Real and Tangible Property ……..	$_____	$ _____	_____
Gross Annual Rents Times 8…….....	_____	_____	_____
TOTAL STEP 1…….....	_____	_____	_____**%**
Step 2. Wages, Salaries, Etc. paid …….....	_____	_____	_____%
Step 3. Gross Receipts from Sales Made and/or Work or Services Performed …….....	_____	_____	_____%
Step 4. **TOTAL PERCENTAGES** …….....			_____%
Step 5. **AVERAGE PERCENTAGE** (Divide total percentages by number of factors present) …….			_____%

NON-TAXABLE INCOME

A. Capital Loses - Excluding Ordinary Losses
B. Income from Qualified Pension Plans
C. Proceeds of Life Insurance
D. Workers Compensation
E. Active duty Military Pay (Including National Guard When on Active Duty)
F. Patent or Copyright Income
G. Interest or Dividend Income
H. Income from Religious, Governmental, Charitable, Educational or Educational Organizations.
I. Social Security Income
J. State Unemployment Benefits
K. Earnings of Persons Under 18 Years of Age
L. Royalties derived from Intangible Property
M. Health and Welfare Benefits Distributed by
N. Compensatory Insurance Proceeds
O. Welfare Benefits
P. Annuity Distributions

THIS TAX FORM MUST BE SIGNED, DATED ACCOMPANIED BY PAYMENT IF TAX IS DUE, AND ALL SCHEDULES ATTACHED BEFORE THIS FORM IS CONSIDERED A LEGAL TAX RETURN.EXTENSIONS WILL BE GRANTED ONLY IF A COPY OF THE FEDERAL EXTENSION IS RECEIVED BY APRIL 15TH.