

# CITY OF AMHERST

480 PARK AVENUE, AMHERST, OH 44001  
DUE DATE APRIL 30, 2004

FISCAL YEAR FILERS MUST FILE ON OR BEFORE THE 30TH DAY OF THE FOURTH MONTH AFTER THE CLOSE OF THAT FISCAL YEAR.

# 2003

OR  
FISCAL PERIOD \_\_\_\_\_ TO \_\_\_\_\_

INCOME TAX DEPARTMENT	
(440) 988-4212	FAX (440) 988-3749
FOR INCOME TAX DEPARTMENT USE ONLY	
TAX _____	AUD _____
INT _____	CASH _____
PEN _____	CK NO. _____
TOTAL _____	
PAID _____	
DUE _____	CR TO 2004 _____ REFUND _____
<input type="checkbox"/> FULLY RETIRED WITH NO EARNED INCOME	
Date _____	
IF YOU MOVED DURING THE TAX YEAR, COMPLETE THIS BLOCK	
Date moved into Amherst _____	
Previous Address _____	
Date moved out of Amherst _____	
Present Address _____	

Your Name and Address as they appear on our records: Make any Necessary Corrections

Your Social Security No. or Federal ID _____	Spouse's Social Security No. _____
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## W-2 WORKSHEET SEE INSTRUCTIONS BEFORE COMPLETING

COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5
CITY WHERE EMPLOYED	GROSS WAGES-HIGHEST WAGE ON W-2	2106 EXPENSES, REDUCES CREDIT ALLOWED IN COL. 5	AMHERST TAX WITHHELD	OTHER CITY TAX WITHHELD LIMIT 1% OF COL. 2 MINUS COL. 3
A.				
B.				
C.				
D.				
E. TOTALS				

ATTACH A COPY OF 1040 (1ST PG. ONLY), ALL APPLICABLE W-2S, FEDERAL SCHEDULES, EXPLANATIONS ETC...

INCOME			
1. Total W-2 wages from column 2	1	\$	
2. 2106 Expenses from column 3	2	\$	
3. TAXABLE WAGES. SUBTRACT LINE 2 FROM LINE 1	3	\$	
4. Other income. From schedule C, E or H on reverse	4	\$	
5. TOTAL AMHERST INCOME. ADD LINES 3 AND 4	5	\$	
6. AMHERST INCOME TAX. MULTIPLY LINE 5 BY 1-1/2% (.015)	6	\$	
TAX	7. Amherst income tax withheld from column 4	7	\$
TAX WITHHELD, PAYMENTS AND CREDITS	8. Prior year credits	8	\$
9. Estimated payments	9	\$	
10. Credit for taxes withheld to other cities from column 5	10	\$	
11. Credit for taxes paid to other cities (limit 1%). See instructions	11	\$	
12. TOTAL PAYMENTS AND CREDITS. ADD LINES 7 THROUGH 11	12	\$	
BALANCE DUE, REFUND OR CREDIT	13. BALANCE DUE. If line 6 is more than 12, enter balance due here	13	\$
14. Late Filing Penalty. \$25, if applicable	14	\$	
15. Interest. 1-1/2% per month, if applicable	15	\$	
16. TOTAL DUE. Add lines 13 through 15. Carry to line 26 below (No tax due if less than \$3.00)	16	\$	
17. OVERPAYMENT. If line 6 is less than line 12, enter overpayment here	17	\$	
18. AMOUNT FROM LINE 17 TO BE REFUNDED (No refund if less than \$3.00)	18	\$	
19. AMOUNT FROM LINE 17 TO BE CREDITED TO NEXT YEAR	19	\$	

ESTIMATE FOR NEXT YEAR			
DECLARATION OF ESTIMATED TAX FOR 2004 (NOT MANDATORY)			
20. Total estimated income subject to tax \$ _____ Multiply by tax rate of 1-1/2% (.015)	20	\$	
21. Subtract any estimated income tax to be withheld or paid to other cities	21	\$	
22. Balance of city income tax declared. Subtract line 21 from line 20	22	\$	
23. Tax due before credits. Enter at least 25% of line 22	23	\$	
24. Less credits. Enter line 19 from above	24	\$	
25. Net estimated tax due. Subtract line 24 from line 23	25	\$	
TAX DUE	26. Enter balance due from line 16 above (No tax due if less than \$3.00)	26	\$
27. TOTAL TAX DUE. ADD LINES 25 & 26. PLEASE MAKE CHECKS PAYABLE TO AMHERST INCOME TAX DEPT.	27	\$	

If this return was prepared by a tax practitioner, check here if we may NOT contact him/her directly with questions regarding the preparation of this return.

The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated and that the figures used herein are the same as used for Federal Income Tax purposes.

SIGNATURE OF PREPARER, IF OTHER THAN TAXPAYER _____	DATE _____	SIGNATURE OF TAXPAYER _____	DATE _____
NAME AND ADDRESS OF PREPARER (PLEASE PRINT) _____	TELEPHONE NUMBER _____	SIGNATURE OF SPOUSE (IF JOINT RETURN) _____	TELEPHONE NUMBER _____

ATTACH W-2'S AND 1099'S TO THE BACK OF THIS RETURN

**SCHEDULE C**  
**PROFIT OR LOSS FROM BUSINESS OR PROFESSION**  
 Attach Federal Schedules. (If taxes paid to other cities, attach other cities' returns.)

Business Name	Business Address	
1. Net Profit or Loss		\$
2. Add Items not Deductible (Schedule X Line 5)		
3. Deduct Items not Taxable (Schedule X Line 10)		( )
4. Adjusted Net Profit or Loss		\$
5. Schedule Y _____% allocable to Amherst from Schedule Y Step 5		
6. Less allocable net loss carry-forward 5 year limit (See Instructions) Attach NOL Schedule		
7. Net Profit or Loss (NET PROFIT ONLY, enter on Line 4, page 1)		\$

**SCHEDULE E**  
**INCOME FROM RENTS**  
 Attach copy of Federal Schedules.

Full Address of property, City & State	Current year Net Profit/Loss
Total Profit/Loss	\$

Less NOL \$ \_\_\_\_\_ Net Profit/Loss \$ \_\_\_\_\_\*  
 5 yr. Limit, Attach Schedule \*Carry net profit to Line 4, pg. 1

**SCHEDULE H**  
**ALL OTHER TAXABLE INCOME**

Individual's distributive share of Income from partnerships, s-corporations, estates, trusts, director's and other fees, farm and other sources.

Received From	For (DESCRIBE)	Amount
		\$

TOTAL INCOME - Enter Line 4, page 1 \$ \_\_\_\_\_

**SCHEDULE X - Reconciliation With Federal Income Tax Return (For Corporations Only)**

Items Not Deductible	Add	Items Not Taxable	Deduct
1. Withdrawals by Owner(s)		6. Interest Income	
2. Income Taxes Paid or Accrued (Local, State, Federal)		7. Dividends	
3. Net Operating Loss Deduction Per Federal Return		8. Capital Gains (Excluding Ordinary Gains)	
4. Capital Loss (Excluding Ordinary Losses)		9. Other (Explain)	
5. <b>TOTAL ADDITIONS</b> (Enter Here and on Line 2 Schedule C)		10. <b>TOTAL DEDUCTIONS</b> (Enter Here and on Line 3 Schedule C)	

**SCHEDULE Y - Business Allocation Formula**

USE WHOLE DOLLARS ONLY!	A. Located Everywhere	B. Located in Amherst	% B Divided by A
<b>STEP 1.</b> a) Average Value of Real & Tangible Personal Property			
b) Gross Annual Rental Receipts Multiplied by 8			
c) Total of Step 1			
<b>STEP 2.</b> Net Sales			
<b>STEP 3.</b> Wages, Salaries Paid			
<b>STEP 4.</b> Total Percentages			
<b>STEP 5.</b> AVERAGE PERCENT (Divide Total Percent by Number of Percentages Used) Enter Here and on Line 5 Schedule C.			

**SCHEDULE Z Partner's Distributive Shares of Net Income (From Federal Schedule 1065, K-1 and 1099)**

1. NAME AND ADDRESS OF EACH PARTNER	2. Resident		3. Distributive Shares of Partners		4. Other Payments	5. Taxable Percentage	6. Amount Taxable
	Yes	No	Percent	Amount			
(a)			%	\$	\$	%	\$
(b)			%	\$	\$	%	\$
(c)			%	\$	\$	%	\$
(d)			%	\$	\$	%	\$
7. TOTALS			100%	\$	\$		\$