

CHECK ONE OR MORE: Employee Proprietor Partner Partnership Corporation S Corporation LLC

Calendar Year Taxpayers - File this Return
with Alliance Tax Department
No Later than April 15, 2013
Fiscal Year - File within 105 days of
End of the Period
Fiscal Period _____ to _____
IF PRINTED NAME OR ADDRESS IS INCORRECT, PLEASE MAKE NECESSARY CHANGES.

City of Alliance, Ohio
INCOME TAX RETURN
330-821-9190
2012

RESIDENT NON-RESIDENT
PART YEAR RESIDENT

If you moved during 2012, please answer: Moved
INTO ALLIANCE on _____
OR Moved OUT of ALLIANCE on _____

SOCIAL SECURITY NUMBER
TAXPAYER _____
SPOUSE _____

FEDERAL I.D. NO. (BUSINESS) _____

TAX PAYER DAYTIME PHONE _____

RETIRED AND TAXPAYERS WITH NO TAXABLE INCOME: REASON (CHECK APPROPRIATE BOX)

ACTIVE DUTY MILITARY _____ RETIRED WITH ONLY NON-TAXABLE INCOME RETIREMENT DATE _____
 TAXPAYER DECEASED _____ ONLY INCOME-FROM NON-TAXABLE SOURCE, LIST SOURCE _____

EMPLOYERS NAME IN 2012	WHERE EMPLOYED IN 2012 (City and State)	TAX PAID TO OTHER CITIES	ALLIANCE TAX WITHHELD	GROSS WAGES

- 1. GROSS WAGES, SALARIES, TIPS & OTHER COMPENSATION (Attach W-2's and/or 1099 Misc.) 1. \$ _____
- 2. OTHER TAXABLE INCOME (from Schedule B on reverse side, Section 4, Line 3) 2. \$ _____
 - A. Business Profit (Attach Federal Schedule C)
 - B. Rental Income (Attach Federal Schedule E)
- 3. DEDUCT EMPLOYEE BUSINESS EXPENSE (Attach Federal Form 2106 and Federal Schedule A) 3. \$ _____
- 4. TAXABLE INCOME (Line 1 plus Line 2 less Line 3) 4. \$ _____
- 5. ALLIANCE CITY TAX DUE - 2.00% (.02) of Line 4 5. \$ _____

6. CREDITS

- A. Alliance Income Tax Withheld by Employers. 6A. \$ _____
- B. Income Tax Paid Other Cities **Cannot exceed 1.75% of income earned in each location** 6B. \$ _____
- C. Payments on 2012 Declaration of Estimated Tax 6C. \$ _____
- D. Amount Brought Forward from 2011 Return 6D. \$ _____
- E. Total Credits (Add Line A, B, C, D) 6E. \$ _____
- 7. BALANCE TAX DUE (Line 5 minus Line 6E) 7. \$ _____

8. RETURNS FILED AFTER APRIL 15, 2013 ARE SUBJECT TO:

- A. LATE FILING FEE OF \$25.00 8A. \$ _____
- B. PENALTY (1% per month) \$ _____ INTEREST (1% per month) \$ _____ 8B. \$ _____
- 9. TOTAL AMOUNT DUE (line 7 plus line 8A & 8B, if applicable)-PAYMENT IN FULL MUST ACCOMPANY THIS RETURN 9. \$ _____

Make check or money order payable to:
City of Alliance

Mail To: Income Tax Department, 504 E. Main St.,
P.O. Box 2025, Alliance, Ohio 44601

10. OVERPAYMENT TO BE REFUNDED \$ _____ OR CREDITED \$ _____ TO NEXT YEAR'S ESTIMATE.

NOTE: NO TAXES OR REFUNDS OF LESS THAN \$1.00 SHALL BE COLLECTED OR REFUNDED.

MANDATORY DECLARATION OF ESTIMATED TAX FOR YEAR 2013

Must be filed if the tax due exceeds \$100.00.	1. Total income subject to Alliance \$ _____	2. Alliance Tax at 2.00% (.02) \$ _____
	3. LESS TAX WITHHELD	
	a. By an Alliance Employer..... \$ _____	
	b. By an employer in _____ (name of city) \$ _____	
	c. Total Tax Withheld (Total 3a plus 3b) \$ _____	
	4. Balance estimated Alliance tax (2 minus 3c) \$ _____	
	5. Less Credits: Overpayment on previous year's return \$ _____	
6. Net Tax due (line 4 less line 5) \$ _____		
7. Amount paid with this Estimate (not less than 1/4 of line 6 if line 6 is \$100 or more) \$ _____		

GRAND TOTAL Total of TAX (line 9) and ESTIMATED PAYMENT (line 7) PAY THIS AMOUNT \$ _____

I CERTIFY THAT I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE. IF PREPARED BY A PERSON OTHER THAN TAXPAYER, THE DECLARATION IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE.

Preparer Name if Other Than Taxpayer _____

Signature of Taxpayer _____

Date _____

DISREGARD THIS PAGE IF ENTIRE TAXABLE INCOME IS FROM SALARY AND WAGES

SCHEDULE A EMPLOYEE BUSINESS EXPENSE FEDERAL FORM 2106

NOTE: Alliance recognizes this deduction only when the expense incurred applies to gross earnings that are in the jurisdiction of the city.
 Example of Alliance Jurisdiction: If your city income tax withheld was paid to the City of Alliance by your employer, or if the city tax on your earnings is due to be paid to the City of Alliance.
 Must Attach copy of federal schedules, 2106 and Schedule A. Allowable 2106 expenses will be reduced by the appropriate portion of 2% of the tax payer's adjusted gross income.

SCHEDULE B OTHER TAXABLE INCOME

SECTION 1 RENTAL INCOME FROM FEDERAL SCHEDULE E (Attach copy of federal schedule) \$ _____

SECTION 2 PARTNERSHIPS, ESTATES, TRUSTS, WAGERING, LOTTERY, FEES, ETC.

Received From	For (Describe)	Federal Form(s) Attached	Amount
			\$ _____
			\$ _____
			\$ _____
TOTAL INCOME, SECTION 2			\$ _____

SECTION 3

1. **BUSINESS INCOME** \$ _____

2. **A. ITEMS NOT DEDUCTIBLE** (Schedule X, Line H) Add \$ _____

B. ITEMS NOT TAXABLE (Schedule X, Line Z) Deduct \$ _____

C. ENTER EXCESS LINE 2A OR 2B \$ _____

3. **A. ADJUST NET INCOME (Line 1 Plus/Minus Line 2C) IF SCHEDULE X IS USED** \$ _____

B. AMOUNT ALLOCABLE TO ALLIANCE IF SCHEDULE Y STEP 5 IS USED _____ %

OF LINE 3A \$ _____

4. **TAXABLE BUSINESS INCOME:** \$ _____

SECTION 4

1. **TOTAL OTHER TAXABLE INCOME (loss) Section 1, 2, 3** \$ _____

2. **DEDUCT NET OPERATING LOSS CARRY OVER** \$ _____

3. **IF LINE SHOWS AN INCOME, ENTER ON PAGE 1 LINE 2** \$ _____

4. **If LINE 3 SHOWS A LOSS, ENTER THAT AMOUNT HERE** \$ _____
 (This amount is eligible for carryover up to 5 years.)

SCHEDULE X. RECONCILIATION WITH FEDERAL INCOME TAX RETURN

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
a. Capital Losses (excluding ordinary losses) _____	_____	n. Capital Gains (excluding ordinary gains) _____	\$ _____
b. Expenses incurred in the production of non-taxable income _____	_____	o. Interest Income _____	_____
c. Taxes paid to state and local municipalities _____	_____	p. Dividends _____	_____
d. Payments to partners _____	_____	q. Other (explain) _____	_____
e. Net operating loss carry forward from federal return _____	_____	_____	_____
f. Contributions _____	_____	_____	_____
g. Other expenses not deductible (explain) _____	_____	_____	_____
h. Enter Section 3 line 2A _____	_____	z. Enter Section 3 line 2B _____	\$ _____

SCHEDULE Y (BUSINESS APPORTIONMENT FORMULA) USE ONLY IF NET PROFIT FROM ALLIANCE BRANCH IS NOT AVAILABLE

Resident Unincorporated Businesses Enter 100% in Step 5 Below

	a LOCATED EVERYWHERE	b LOCATED IN ALLIANCE	c PERCENTAGE (b ÷ a)
STEP 1. ORIGINAL COST OF REAL & TANG. PERSONAL PROPERTY (GROSS ANNUAL RENTALS PAID MULTIPLIED BY 8)	_____	_____	_____ %
STEP 2. GROSS RECEIPTS FROM SALES MADE AND/OR WORK OR SERVICES PERFORMED (SEE INSTRUCTIONS)	_____	_____	_____ %
STEP 3. WAGES, SALARIES & OTHER COMPENSATION PAID	_____	_____	_____ %
STEP 4. TOTAL PERCENTAGES	_____	_____	_____ %
STEP 5. AVERAGE PERCENTAGE (Divide Total Percentages by Number of Percentages Used.)			ENTER SECTION 3 LINE 3B _____ %

ATTACH COPY OF FEDERAL SCHEDULES