

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, 2015 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 2014

RESIDENT NON-RESIDENT PART YEAR RESIDENT If you moved during 2014, 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 _____

Table with 5 columns: EMPLOYERS NAME IN 2014, WHERE EMPLOYED IN 2014 (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 2014 Declaration of Estimated Tax 6C. \$ _____
D. Amount Brought Forward from 2013 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, 2015 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 2015

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 _____

Signature of Spouse _____

Date _____

ATTACH ALL W-2 COPIES AND SCHEDULES TO THE BACK OF RETURN