

Calendar Year Taxpayers - File this Return with Alliance Tax Department No Later than April 18th, 2023 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 2022

RESIDENT [] NON-RESIDENT [] PART YEAR RESIDENT [] If you moved during 2022, 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 2022, WHERE EMPLOYED IN 2022 (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 1) 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 2022 Declaration of Estimated Tax 6C. \$
D. Amount Brought Forward from 2021 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 18, 2023 ARE SUBJECT TO:
A. LATE FILING PENALTY IS \$25.00/month per return (capped at \$150/return) 8A. \$
B. PENALTY (15% per occurrence) \$ INTEREST (.58% 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 \$10.00 SHALL BE COLLECTED OR REFUNDED.

MANDATORY DECLARATION OF ESTIMATED TAX FOR YEAR 2023

Must be filed if the tax due exceeds \$200.00. 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 \$200 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

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 1.

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.

Table with 4 columns: Received From, For (Describe), Federal Form(s) Attached, Amount. Includes a total line for SECTION 2.

SECTION 3

Table for SECTION 3 with rows for BUSINESS INCOME, ITEMS NOT DEDUCTIBLE, ITEMS NOT TAXABLE, ADJUST NET INCOME, and TAXABLE BUSINESS INCOME.

SECTION 4

Table for SECTION 4 with rows for TOTAL OTHER TAXABLE INCOME, DEDUCT NET OPERATING LOSS CARRY OVER, and IF LINE 3 SHOWS A LOSS.

SCHEDULE X. RECONCILIATION WITH FEDERAL INCOME TAX RETURN

Table for SCHEDULE X with columns for ITEMS NOT DEDUCTIBLE (ADD) and ITEMS NOT TAXABLE (DEDUCT), including rows for Capital Losses, Expenses, Taxes, etc.

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

Table for SCHEDULE Y with columns for LOCATED EVERYWHERE, LOCATED IN ALLIANCE, and PERCENTAGE. Includes steps for calculating average percentage.

ATTACH COPY OF FEDERAL SCHEDULES