

Calendar Year Taxpayers - File this Return with Alliance Tax Department No Later than April 15th, 2025 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 2024

RESIDENT [ ] NON-RESIDENT [ ] PART YEAR RESIDENT [ ] If you moved during 2024, 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 2024, WHERE EMPLOYED IN 2024 (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 2024 Declaration of Estimated Tax 6C. \$ \_\_\_\_\_
D. Amount Brought Forward from 2023 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, 2025 ARE SUBJECT TO:

- A. LATE FILING PENALTY OF \$25.00 8A. \$ \_\_\_\_\_
B. PENALTY (15% per occurrence) \$ \_\_\_\_\_ INTEREST (.83% 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 \$10.00 OR LESS SHALL BE COLLECTED OR REFUNDED.

MANDATORY DECLARATION OF ESTIMATED TAX FOR YEAR 2025

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

**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.**

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

**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 .....	_____	z. Enter Section 3 line 2B .....	\$ _____
f. Contributions .....	_____		
g. Other expenses not deductible (explain).....	_____		
h. Enter Section 3 line 2A .....	_____		

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

ATTACH COPY OF FEDERAL SCHEDULES