

**CITY OF NEW PHILADELPHIA**

DEPARTMENT OF TAXATION  
150 East High Avenue, Suite 041  
New Philadelphia, Ohio 44663

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Permit No. 358



TO:



# IMPORTANT MUNICIPAL INCOME TAX RETURN

**AVOID PENALTIES – FILE BY APRIL 15, 2008**

**THIS ENVELOPE CONTAINS TAX FORMS WHICH YOU ARE REQUIRED TO FILE**

**Who Must File:**

All residents of the City of New Philadelphia, 18 years of age or older with an earned income, also any non-resident who receives salaries, wages, commissions and other income for work or services performed within New Philadelphia without the proper tax being withheld; also any resident or non-resident engaged in business in New Philadelphia as a sole proprietorship or has net profit or loss from rentals.

All Employers or Non-Resident Employers on the net profits or loss earned from resident or non-resident corporations, unincorporated businesses, professions, or other entities derived from sales made, work done, services performed or rendered, and business or other activities conducted in New Philadelphia whether or not such corporations or unincorporated business entities have an office or place of business in the City of New Philadelphia.

**Note: Anyone receiving a pre-printed form is on active status and will need to file a return.**

**When to File:**

Calendar year taxpayer – file between January 1 and April 15 of each year.  
Fiscal year taxpayer (businesses only) – file on or before 105 days after the fiscal year end.

**Where to File:**

Income Tax Department, 150 East High Ave., Suite 041, New Philadelphia, OH 44663.  
Night Deposit Box located at the right (west) side of the building.  
File in person for proof of receipt.

**Tax Rate:**

1.5% tax rate.

**Attachments Required:**

W-2's and 1099 misc. - No exceptions  
Federal Schedules of income or loss included with return.  
**The return is not complete and cannot be filed unless this source data is provided.**  
**Attn: Forms are available on line at [www.newphilaoh.com](http://www.newphilaoh.com)**

**\* Mandatory estimated payments required if you owe \$100.00 or more in taxes.**

**Extensions:**

Either mail a copy or fax a copy of the extension request that was filed with the Internal Revenue Service to this office or send a written request to this office by April 15, 2008. Your social security number must appear on your request. If you wish a confirmation, a self-addressed stamped envelope must be enclosed with your request.

**Who to Contact:**

For additional assistance, contact the City Income Tax Department, telephone (330) 364-4491 ext. 508 between the hours 8:00 a.m. - 4:30 p.m. Fax (330) 364-9851.

## TAXABLE INCOME

1. Wages, salaries and other compensation.
2. Bonuses, stipends, and tip income.
3. Commissions, fees and other earned income.
4. Alimony.
5. Employer supplemental unemployment benefits (SUB pay).
6. Employee contributions to retirement plans and tax deferred annuity plans (including Sec. 401K, Sec. 403b, Sec. 457b, etc.).
7. Net profits of business, professions, corporations, partnerships, etc.
8. Income from partnerships, estates or trusts.
9. Employee contributions to costs of fringe benefits.
10. Income from wage continuation plans (including retirement incentive plans and severance pay).
11. Vacation pay.
12. Stock options (taxed when exercised, usually valued at market price less option price on the date the option is exercised).
13. Farm net income.
14. Employer paid premiums for group term life insurance over \$50,000.00 (PS58).
15. Compensation paid in goods or services or property usage. Taxed at fair market value.
16. Contributions made on behalf of employees to tax deferred annuity programs.
17. Income from guaranteed annual wage contracts.
18. Prizes and gifts if connected with employment to the same extent as taxable for Federal Income Tax purposes.
19. Director fees.
20. Income from jury duty.
21. Union steward fees.
22. Strike pay.
23. Profit sharing, if from a non-qualified plan, or if paid as a type of bonus.
24. Uniform, automobile, moving and travel allowances.
25. Reimbursements in excess of deductible expenses.
26. Employer provided educational assistance (taxable to the same extent as for federal taxation pursuant to the Technical & Miscellaneous Revenue Act of 1988).
27. Executor fees.
28. Rental Income.
29. Lottery winnings of \$600.00 or more.

## NON-TAXABLE INCOME

1. Interest or dividend income.
2. Welfare benefits.
3. Social Security.
4. Income from qualified pension plans.
5. State unemployment benefits.
6. Worker's compensation.
7. Proceeds of life insurance.
8. Third party sick pay.
9. Military pay
10. Capital gains.
11. Prizes or gifts not connected with employment.
12. Patent and copyright income.
13. Royalties derived from intangible property.
14. Annuity distributions.
15. Housing allowances for clergy to the extent that the allowance is used to provide a home.
16. Health & welfare benefits distributed by governmental, charitable, religious or educational organizations.
17. Compensatory insurance proceeds derived from property damage or personal injury settlements.
18. Contributions made by or on behalf of employees to cafeteria plans (Sec. 125, etc.).

*Above lists are not all-inclusive. For items not listed, contact the Income Tax Department for clarification.  
Phone (330) 364-4491 ext. 508.*

**AVOID PENALTIES – PAY TAX PROMPTLY**

STAPLE ALL ATTACHMENTS HERE TO BACK

CITY OF NEW PHILADELPHIA, OHIO
INCOME TAX RETURN

150 East High Avenue, Suite 041
New Philadelphia, OH 44663

Calendar Year Taxpayers - File this Return
with New Philadelphia Tax Department
No Later than April 15, 2008
Fiscal Year - File within 105 days of
End of the Period.

Fiscal Period \_\_\_\_\_ to \_\_\_\_\_

2007

Name

Address

City, State, Zip

IF PRINTED NAME OR ADDRESS IS INCORRECT, PLEASE MAKE NECESSARY CHANGES. Were you a resident of New Philadelphia the entire year? Yes No

YOUR S.S. NUMBER

SPOUSE'S S.S. NUMBER

DAYTIME PHONE

[Box for YOUR S.S. NUMBER]

[Box for SPOUSE'S S.S. NUMBER]

[Box for DAYTIME PHONE]

[Box for DAYTIME PHONE]

[Box for DAYTIME PHONE]

(OR BUSINESS FED. I.D. #)

DATE OF BIRTH \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

DATE OF MOVE IN \_\_\_\_\_

DATE OF MOVE OUT \_\_\_\_\_

FIRST TIME FILING?

FINAL RETURN?

I AM EXEMPT FROM FILING BECAUSE: Please explain \_\_\_\_\_

NOTE: If you are Exempt - Stop here, at the bottom sign, date and then mail your return. A night deposit box is located on the right (west) side of the building.

STAPLE COPIES OF ALL W-2 FORMS, FEDERAL SCHEDULES WHICH PERTAIN TO OTHER INCOME AND COPIES OF 1099's TO THE BACK. (TAXABLE ONLY)
YOUR RETURN IS INCOMPLETE IF THIS INFORMATION IS NOT INCLUDED, AND YOU MAY BE SUBJECT TO A LATE FILING PENALTY.

- 1. LARGEST WAGE FROM EACH W2, TIPS & OTHER COMPENSATION (W-2's and/or taxable 1099 misc.), if not included on schedule C...\$
2. OTHER TAXABLE INCOME
A. Business Profit or Loss (Attach Federal Business Schedule) Or Loss Carried Forward .....\$
B. Rental Income or Loss (Attach Federal Rental Schedule).....\$
C. Total other Taxable Income - NOTE: Business & Rental Losses Cannot Off-Set Wages.....\$
3. DEDUCT EMPLOYEE BUSINESS EXPENSE (ATTACH FEDERAL FORM 2106) must send federal form & schedule A.....\$
NOTE: These Expenses Can Only Off-Set Wages Taxed By The City
4. TAXABLE INCOME (Line 1 plus Line 2C Less Line 3) .....\$
5. CITY TAX DUE - 1.5% or .015 of Line 4.....\$

- 6. CREDITS
A. New Philadelphia Income Tax Withheld by Employers .....\$
B. Income Tax Paid Other Cities (Not to Exceed 1.5% Each W-2 Separately) .....\$
C. Payments on 2007 Declaration of Estimated Tax.....\$
D. Amount Brought Forward from 2006 Return.....\$
E. Total Credits (Add Lines A, B, C, D) .....\$
7. BALANCE TAX DUE (Line 5 minus Line 6E).....\$
8. RETURNS FILED AFTER APRIL 15, 2008 ARE SUBJECT TO:
A. PENALTY AND INTEREST IS 1% PER MONTH.....\$
B. LATE FILING FEE OF \$25.00 .....\$
9. TOTAL AMOUNT DUE (Line 7 plus Line 8A and 8B, if applicable) - PAYMENT IN FULL MUST ACCOMPANY THIS RETURN.....\$

Make check or money order payable to:
New Philadelphia Income Tax Department

10. OVERPAYMENT TO BE REFUNDED \$ \_\_\_\_\_ OR CREDITED \$ \_\_\_\_\_ TO NEXT YEAR'S ESTIMATE.
NO TAXES OR REFUNDS OF LESS THAN \$5.00 SHALL BE COLLECTED, REFUNDED OR CARRIED FORWARD TO NEXT YEAR'S RETURN.

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 \_\_\_\_\_

Preparer Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of Preparer \_\_\_\_\_ Date \_\_\_\_\_

Signature of Taxpayer \_\_\_\_\_ Date \_\_\_\_\_

Signature of Spouse (if joint return) \_\_\_\_\_ Date \_\_\_\_\_

<b>SECTION A</b>	<b>Attach appropriate federal schedules for income from partnership, business, estates, trusts, fees and other</b>		
Received From	For (Describe)	Federal Form(s) Attached	Amount
<b>TOTAL BUSINESS INCOME (If Schedule X, Y, or Z is not applicable – Total to page 1, line 2A)</b>			<b>Enter Schedule Z line 1 \$ _____</b>

<b>SECTION B</b>	<b>RENTAL INCOME FROM FEDERAL SCHEDULE E AND R</b>
Attach copy of federal schedules	

<b>SECTION C</b>	<b>EMPLOYEE BUSINESS EXPENSE FORM 2106</b>
<b>NOTE: New Philadelphia recognizes this deduction only when the expense incurred applies to gross earnings that are in the jurisdiction of the city.</b> <b>Example of New Philadelphia Jurisdiction: If your city income tax withheld was paid to the City of New Philadelphia by your employer, or if the city tax on your earnings is due to be paid to the City of New Philadelphia.</b>	
Attach copy of federal schedules	

**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 (at least 5% of Line Z) .....	_____	o. Interest income .....	_____
c. Taxes paid to state and local municipalities .....	_____	p. Dividends .....	_____
d. Loss carried forward per Federal Return .....	_____	q. Other (explain) .....	_____
e. Payments to partners .....	_____	_____	_____
f. Sick pay not included in Line 1 above .....	_____	_____	_____
g. Contributions .....	_____	_____	_____
h. Other expenses not deductible (Explain) .....	_____	_____	_____
m. (Enter Schedule Z line 2A) .....	\$ _____	z. Enter Schedule Z Line 2B .....	\$ _____

<b>SCHEDULE Y</b>	<b>Business Allocation Formula</b>
USE ONLY IF NET PROFIT FROM NEW PHILADELPHIA BRANCH IS NOT AVAILABLE	

	a. LOCATED EVERYWHERE	b. LOCATED IN NEW PHILADELPHIA	C. PERCENTAGE (b ÷ a)
<b>STEP 1. AVG. VALUE OF REAL &amp; TANG. PERSONAL PROPERTY</b>	_____	_____	_____ %
<b>STEP 2. GROSS RECEIPTS FROM SALES MADE AND/OR WORK OR SERVICES PERFORMED (SEE INSTRUCTIONS)</b>	_____	_____	_____ %
<b>STEP 3. WAGES, SALARIES AND OTHER COMPENSATION PAID EMPLOYEES</b>	_____	_____	_____ %
4. TOTAL PERCENTAGES			_____ %
5. AVERAGE PERCENTAGE (Divide Total Percentages by Number of Percentages Used).			ENTER SCHEDULE Z LINE 3B _____ %

<b>SCHEDULE Z</b>	
<b>1. BUSINESS INCOME</b> .....	\$ _____
<b>2. A. ITEMS NOT DEDUCTIBLE - (Schedule X, Line M)</b> .....	<b>Add \$</b> _____
<b>B. ITEMS NOT TAXABLE (Schedule X, Line Z)</b> .....	<b>Deduct \$</b> _____
<b>C. ENTER EXCESS LINE 2A OR 2B</b> .....	\$ _____
<b>3. A. ADJUST NET INCOME (Line 1 Plus/Minus Line 2C) IF SCHEDULE X IS USED</b> .....	\$ _____
<b>B. AMOUNT ALLOCABLE TO NEW PHILADELPHIA IF SCHEDULE Y STEP 5 IS USED</b> _____ % OF LINE 3A .....	\$ _____
<b>4. TAXABLE BUSINESS INCOME: LINE 3A or LINE 3B (Enter On Page 1 Line 2A)</b> .....	\$ _____

**CITY OF NEW PHILADELPHIA  
ESTIMATED DECLARATION  
VOUCHERS  
2008**

Dear Taxpayer:

This is your 2008 Estimated Declaration package. Included are four quarterly installment forms to be filed on April 15, 2008, July 31, 2008, October 31, 2008, and January 31, 2009.

Estimated tax must be paid in quarterly installments on all earned income without local payroll withholding or when withholding is at a rate of less than 1.5%.

A worksheet is on the next page for your convenience in determining if you are required to file.

If you need assistance, call or visit our office at 150 East High Ave., Suite 041, New Philadelphia, OH 44663. Our telephone number is (330) 364-4491 ext. 508.

Sincerely,

Tax Administrator

Income Tax Department  
City of New Philadelphia  
150 East High Avenue, Suite 041  
New Philadelphia, Ohio 44663

**DECLARATION OF ESTIMATED NEW PHILADELPHIA INCOME TAX VOUCHER**

Check if this is an amended Declaration

- Check
- MO
- Cash

**2008**

Your social security number	Spouse's number, if joint payment
Last name (s), First name and middle initial (of both spouses if joint payment)	
Address (number and street), City, State, and Zip code	

**VOUCHER 4**

(CALENDAR YEAR – DUE JANUARY 31, 2009)

If fiscal year taxpayer, substitute date

- A. Estimated tax (or amended estimate tax) \$ \_\_\_\_\_  
for the year 2008  
or fiscal year ending \_\_\_\_\_  
(month & year)
- B. Amount of this installment  
No less than 1/4 of line A..... \$ \_\_\_\_\_

Income Tax Department  
City of New Philadelphia  
150 East High Avenue, Suite 041  
New Philadelphia, Ohio 44663

**DECLARATION OF ESTIMATED NEW PHILADELPHIA INCOME TAX VOUCHER**

Check if this is an amended Declaration

- Check
- MO
- Cash

**2008**

Your social security number	Spouse's number, if joint payment
Last name (s), First name and middle initial (of both spouses if joint payment)	
Address (number and street), City, State, and Zip code	

**VOUCHER 3**

(CALENDAR YEAR – DUE OCTOBER 31, 2008)

If fiscal year taxpayer, substitute date

- A. Estimated tax (or amended estimate tax) \$ \_\_\_\_\_  
for the year 2008  
or fiscal year ending \_\_\_\_\_  
(month & year)
- B. Amount of this installment  
No less than 1/4 of line A..... \$ \_\_\_\_\_

**WORKSHEET FOR DECLARATION OF ESTIMATED INCOME TAX – 2008**

1. Total income subject to New Philadelphia Tax \$ \_\_\_\_\_ 2. New Philadelphia tax @ 1.5% \$ \_\_\_\_\_
3. Less Tax Withheld
- a. By a New Philadelphia Employer .....\$ \_\_\_\_\_
- b. By an employer in \_\_\_\_\_ (name of city) .....\$ \_\_\_\_\_
- c. Total Tax Withheld (Total line 3a plus line 3b).....\$ \_\_\_\_\_
4. Balance estimated New Philadelphia tax (line 2 minus 3c).....\$ \_\_\_\_\_
5. Less Credits: Overpayment on previous year's return.....\$ \_\_\_\_\_
6. Net Estimated Tax due (line 4 less line 5).....\$ \_\_\_\_\_

MAKE SURE YOUR REMITTANCE FOR EACH QUARTER IS INCLUDED WITH YOUR ESTIMATE VOUCHER. Make checks payable to the New Philadelphia Income Tax Department. Taxpayers (businesses) filing on a fiscal year basis should substitute appropriate dates.

Income Tax Department  
 City of New Philadelphia  
 150 East High Avenue, Suite 041  
 New Philadelphia, Ohio 44663

**DECLARATION OF ESTIMATED NEW PHILADELPHIA INCOME TAX VOUCHER**

Check if this is an amended Declaration

- Check  
 MO  
 Cash

**2008**

Your social security number	Spouse's number, if joint payment
Last name (s), First name and middle initial (of both spouses if joint payment)	
Address (number and street), City, State, and Zip code	

**VOUCHER 2**

(CALENDAR YEAR – DUE JULY 31, 2008)  
 If fiscal year taxpayer, substitute date

- A. Estimated tax (or amended estimate tax) \$ \_\_\_\_\_  
 for the year 2008  
 or fiscal year ending \_\_\_\_\_  
 (month & year)
- B. Amount of this installment  
 No less than 1/4 of line A.....\$ \_\_\_\_\_

Income Tax Department  
 City of New Philadelphia  
 150 East High Avenue, Suite 041  
 New Philadelphia, Ohio 44663

**DECLARATION OF ESTIMATED NEW PHILADELPHIA INCOME TAX VOUCHER**

Check if this is an amended Declaration

- Check  
 MO  
 Cash

**2008**

Your social security number	Spouse's number, if joint payment
Last name (s), First name and middle initial (of both spouses if joint payment)	
Address (number and street), City, State, and Zip code	

**VOUCHER 1**

(CALENDAR YEAR – DUE APRIL 15, 2008)  
 If fiscal year taxpayer, substitute date

- A. Estimated tax (or amended estimate tax) \$ \_\_\_\_\_  
 for the year 2008  
 or fiscal year ending \_\_\_\_\_  
 (month & year)
- B. Amount of this installment  
 No less than 1/4 of line A.....\$ \_\_\_\_\_