MAIL RETURN AND PAYMENT TO:
ARCANUM TAX DEPARTMENT
PO BOX 157
ARCANUM, OH 45304
(937) 692-8500

ARCANUM, OH 45304
(937) 692-8500
FILING REQUIRED EVEN IF NO TAX IS DUE
ON OR BEFORE APRIL 15TH OR 4 MONTH
AFTER THE END OF THE FISCAL PERIOD

ARCANUM INCOME TAX RETURN FOR THE CALENDAR YEAR OR FISCAL PERIOD

MAKE CHECK OR MONEY ORDER
PAYABLE TO
VILLAGE OF ARCANUM

__TO____

TAX YEAR

2023

| TAXPAYER'S NAME AND ADDI | RESS | | | |
|---|----------------------------|------------------------------|---------------------------------|-----------------|
| TAXI ATER 3 NAIVIE AND ADDI | \LOO | | TELEPHONE: | |
| | | | HOME: | |
| | | | CELL: | |
| | | | <u> </u> | |
| | | | BUSINESS FIN: | |
| | | | YOUR SS#: | |
| CHANGE OF ADDRESS: | | | SPOUSE SS#: | |
| | | | | |
| | | IE MOVED OINOE THE | DDEVIOUS FINAL DETUDNING | 40 DUE ONE DATE |
| ADE VOLLDETIDEDO VEO | 10 | | PREVIOUS FINAL RETURN W | |
| | 10 | DATE INTO VILLAGE | DATE OUT O | F VILLAGE |
| DATE RETIRED | _ | | DAGK OF THIS FORM ATTACHS | |
| NOTE: Page 2 must be completed if you ha | | , | • | |
| 1. WAGES, SALARIES, TIPS LOTTERY/G | | | | \$ |
| ATTACH ALL W-2s, FEDERAL 1040 & I 2. OTHER TAXABLE INCOME FROM PAG | | | | ¢ |
| 3. TOTAL TAXABLE INCOME: LINE 1 PLU | | • | | |
| 4. MUNICIPAL TAX 1 % (.01) OF LINE 3 | | | | |
| 5. CREDITS: | (NOONA AWOON | TO TO NEARLOT BOLL | wy | Ψ |
| A. ARCANUM TAX WITHHELD BY EMP | PLOYER(S) | \$ | | |
| B. ESTIMATED TAX PAID | | | | |
| C. PRIOR YEAR OVERPAYMENTS | | | | |
| D. TOTAL CREDITS(ROUND AN | | | | |
| | | | | |
| 6. TAX DUE (IF LINE 4 IS GREATER THAN | N LINE 5D, PAYMENT OF | BALANCE MUST ACCC | MPANY THIS RETURN) | \$ |
| A. LATE FILING FEE-\$25 AFTER APRI | L 15TH | | \$ | |
| B. LATE PAYMENT PENALTY (15% OF | ELINE 6) | | \$ | |
| C. INTEREST (10% PER ANNUM, .83% | | | | |
| D. TOTAL PENALTIES AND INTEREST | DUE | | \$ | |
| 7. TAX DUE INCLUDING PENALTIES AND | | , | • | \$ |
| 8. OVERPAYMENT: REFUNDED | | | | |
| NOTE: IF TAX DUE OR OVERPAYMENT I | S LESS THAN \$10.00 - N | IO TAX, REFUND OR CR | EDIT CARRY-OVER IS DUE. | |
| | | , | X DUE IS OVER \$200.00) | |
| 9. INCOME SUBJECT TO TAX\$ | TIME | ES TAX RATE OF 1% (.01 |) FOR GROSS TAX OF \$ | |
| 10. LESS EXPECTED TAX CREDITS: | | | | |
| A. TAX WITHHELD BY EMPLOYER | | | * | |
| B. OVERPAYMENT FROM PRIOR YE | ` ' | | | |
| C. TOTAL CREDITS | • | | • | \$ |
| 11. NET TAX DUE (LINE 9 LESS LINE 100 | • | | | • |
| 12. AMOUNT DUE WITH THIS DECLARAT | | | | \$ |
| 13. BALANCE OF ESTIMATED TAX | | \$ | | |
| TOTAL AMOUNT DUE \$ | (BOV 7) ± | ¢ | (BOX 12) = | ¢ |
| | (BOX 7) + | \$ | , | \$ |
| I CERTIFY THAT I HAVE EXAMINED THIS RETURN (INC | | • | | |
| COMPLETE. IF PREPARED BY PERSON OTHER THAN | I AXPAYER, THE DECLARATION | I IS BASED ON ALL INFORMATIO | N OF WHICH PREPARER HAS ANY KNO | OWLEDGE. |
| | | | | |
| SIGNATURE OF DREDADED | | DATE | SIGNATURE OF TAVEAVE | D DATE |
| SIGNATURE OF PREPARER | | DATE | SIGNATURE OF TAXPAYE | R DATE |
| | | | | |
| PHONE # OF PREPARER Check her | e to give us permssion to | contact preparer | SIGNATURE OF TAXPAYE | R DATE |

DO NOT USE THIS PAGE IF YOUR ONLY SOURCE OF INCOME IS FROM WAGES. ALL APPROPRIATE FEDERAL SCHEDULES MUST BE ATTACHED. ANY DEDUCTION NOT SUPPORTED BY SCHEDULES WILL BE DISALLOWED.

| SCHEDULE C | BUSINESS | SINCOME | | | | | | | |
|--|---|------------------|----------------|---|------------------|----------------|--|--------------|---------------|
| SOMEDULE C | DUSINESS | MOONE | | | | | | | |
| ATTACH COPIES OF FEDERAL SCHEDULES (ENTER TOTAL INCOME FROM SCHEDULES) | | | | | | | \$ | | |
| C. DIFFERENCE BETW | ITEMS NOT TAXABLE (FROM LINE Z SCHEDULE X) | | | | | | | 2 C | |
| 3. A. ADJUSTED INCOME | DME (LINE 1 PLUS OR MINUS 2C IF SCHEDULE X IS USED) | | | | | | | | |
| B. AMOUNT OF LINE 3A ABOVE ALLOCABLE % FROM STEP 5 SCHEDULE Y | | | | | | | | | |
| 4. NET OPERATING LOSS | FROM PRIOF | R YEARS . | 2017 | 2018 | 2019 | 2020 | 2021 | 4 | |
| 5. NET BUSINESS INCOM | E | | | | | | | 5 | |
| SCHEDULE E | | INCOME | FROM REN | ΓS | | | | | |
| 1. ADDRESS OF PROPER | TY | 2. AMOUNT | 3 DEPREC | CIATION | 4 REPAIRS | 5 OTHE | R EXPENSES | 6 NET INCO | OME (OR LOSS) |
| I NOT EN | | OF RENT | 0. 52. 1120 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 1 | 0.01112 | 11 271 211020 | 0.1121 11100 | ME (Or EGGG) |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| NET INCOME (OD LOSS) | | | | | | | | | |
| NET INCOME (OR LOSS) S | SCHEDULE E . | | | | | | | \$ | |
| SCHEDULE H | OTHER INCO | ME (PARTNER | SHIPS ESTA | TES TRUSTS | , PRIZES, DIRECT | OR FEES M | IISCELL ANEOLIS | COMMISSIONS | FTC |
| RECEIVED FROM | | WE (I AITHEIT | 31111 3, E31A | | ESCRIBE) | OK I LLO, IV | IIOCELEANEOUS, | AMOUNT | |
| RECEIVEDTING | • | | | 1 011 (51 | 20011122) | | | 7 | 3111 |
| | | | | | | | | | |
| TOTAL INCOME COLLEGE | | | | | | | | • | |
| TOTAL INCOME SCHEDUL | .E Н | | | | | | | \$ | |
| ADD TOTAL OF SCHEDUL | ES C. E & H. | ENTER HERI | E AND ON L | NE 2. PAGE | 1 | | | [\$ | |
| SCHEDULE X | | | | | X RETURN (AT | | | | |
| SCHEDOLE X | RECONCIL | IATION WITH | TEDERAL | INCOME 17 | AX RETORN (AT | ACH 30F | FORTING SCH | -DULES) | |
| a. Federally deducted losses fro | m IRC 1221 or 1 | | AD | | | eported inco | OT TAXABLE me and gains from | IFC 1221 | EDUCT |
| dispositionsb. Five percent of intangible inco | | | .\$ | | | | itions except to the pply to those descri | | |
| from IRC 1221 property dispo | | | . \$ | | IRC 1245 or | 1250 | · · · · | | \$ |
| c. City or State income taxes\$ | | | | | | \$ \$ | | | |
| e. Federally deducted dividends | | | . Φ | | q. Other Intan | albe Income | | | |
| amounts set aside for, credit | , | | • | | (explain) | - 1 1 - | | | \$ |
| REIT or RIC investors f. Federally deducted amounts p | | | . \$ | | | | Credits to the exten esponding operating | | \$ |
| qualified self-employed retire | ment plans, healt | th insurance | | | s. Not previou | sly deducted | IRC Section 179 | | |
| plans, and life insurance plar employees of non-C corp enti | | wner | .\$ | | • | | C charitable contribu | | |
| g. Rental activites by partnership | p, S corp or LLC | | | | • | • • | om Arcanum tax | | 4 |
| | h. Payments to partners (form 1065) | | | | (explain) | on line 2B s | \$ \$ | | |
| m. Total (enter on line 2A at top | | | | | Z. Total (enter | OII IIIIe ZD 8 | at top) | | Ψ |
| SCHEDULE Y | BUSINESS A | APPORTION | MENT FORM | /IULA | | | | | |
| | | | | A. LOCA | TED B. LO | CATED IN | THIS | C. PF | RCENTAGE |
| | | | | EVERYW | | CITY | | | vided by A) |
| STEP 1. ORIGINAL COST OF | REAL & TANGIB | LE PERSONAL | PROPERTY | \$ | \$ | | | | |
| GROSS ANNUAL REN | ITALS PAID MUL | TIPLIED BY 8 | | \$ | | | | | |
| TOTAL OF STEP 1 | | | | \$ | \$ | | | | % |
| STEP 2. WAGES, SALARIES, O | COMMISSIONS A | AND OTHER | | | | | | | |
| COMPENSATION PAID | TO ALL EMPLOY | EES | | \$ | \$ | | | | % |
| STEP 3. GROSS RECEIPTS FI | | | | | | | | | |
| PERFORMED | | | | \$ | \$ | | | | % |
| STEP 4. TOTAL PERCENTAGE | ES | | | | | | | | % |
| STEP 5. AVERAGE PERCENT. | AGE (Divide Tota | al Percentages I | ov Number of I | Percentages U | sed) | | | | |

ENTER HERE AND ON LINE 3B, SCHEDULE C ABOVE