

MAIL RETURN AND PAYMENT TO:  
ARCANUM TAX DEPARTMENT  
PO BOX 157  
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  
\_\_\_\_\_ TO \_\_\_\_\_

MAKE CHECK OR MONEY ORDER  
PAYABLE TO  
VILLAGE OF ARCANUM

TAX YEAR  
2024

TAXPAYER'S NAME AND ADDRESS

[Empty box for Taxpayer's Name and Address]

TELEPHONE:  
HOME: \_\_\_\_\_  
CELL: \_\_\_\_\_  
BUSINESS FIN: \_\_\_\_\_  
YOUR SS#: \_\_\_\_\_  
SPOUSE SS#: \_\_\_\_\_

CHANGE OF ADDRESS: \_\_\_\_\_

ARE YOU RETIRED? YES  NO   
DATE RETIRED \_\_\_\_\_

IF MOVED SINCE THE PREVIOUS FINAL RETURN WAS DUE GIVE DATE:  
DATE INTO VILLAGE \_\_\_\_\_ DATE OUT OF VILLAGE \_\_\_\_\_

NOTE: Page 2 must be completed if you have taxable rental property or business income. (ON BACK OF THIS FORM) - ATTACH FEDERAL SCHEDULES.

- 1. WAGES, SALARIES, TIPS LOTTERY/GAMBLING WINNINGS (USE BOX 5 OF W2 FORM)..... \$ \_\_\_\_\_  
**ATTACH ALL W-2s, FEDERAL 1040 & FEDERAL SCHEDULES TO BACK OF TAX RETURN**
- 2. OTHER TAXABLE INCOME FROM PAGE 2 (CANNOT DEDUCT LOSS FROM WAGES) ..... \$ \_\_\_\_\_
- 3. TOTAL TAXABLE INCOME: LINE 1 PLUS LINE 2 ..... \$ \_\_\_\_\_
- 4. MUNICIPAL TAX 1 % (.01) OF LINE 3 ..... (ROUND AMOUNTS TO NEAREST DOLLAR) ..... \$ \_\_\_\_\_
- 5. CREDITS:
  - A. ARCANUM TAX WITHHELD BY EMPLOYER(S) ..... \$ \_\_\_\_\_
  - B. ESTIMATED TAX PAID ..... \$ \_\_\_\_\_
  - C. PRIOR YEAR OVERPAYMENTS ..... \$ \_\_\_\_\_
  - D. TOTAL CREDITS .....(ROUND AMOUNTS TO NEAREST DOLLAR) ..... \$ \_\_\_\_\_
- 6. TAX DUE (IF LINE 4 IS GREATER THAN LINE 5D, PAYMENT OF BALANCE MUST ACCOMPANY THIS RETURN) \$ \_\_\_\_\_
  - A. LATE FILING FEE-\$25 AFTER APRIL 15TH..... \$ \_\_\_\_\_
  - B. LATE PAYMENT PENALTY (15% OF LINE 6) ..... \$ \_\_\_\_\_
  - C. INTEREST (10% PER ANNUM, .83% PER MONTH LATE)..... \$ \_\_\_\_\_
  - D. TOTAL PENALTIES AND INTEREST DUE ..... \$ \_\_\_\_\_
- 7. TAX DUE INCLUDING PENALTIES AND INTEREST BEFORE ESTIMATED TAXES (ADD LINE 6. TO 6D.) ..... \$
- 8. OVERPAYMENT: REFUNDED ..... \$ \_\_\_\_\_ OR CREDITED TO EST. TAXES ..... \$ \_\_\_\_\_

NOTE: IF TAX DUE OR OVERPAYMENT IS LESS THAN \$10.00 - NO TAX, REFUND OR CREDIT CARRY-OVER IS DUE.

DECLARATION OF ESTIMATED TAX (IF TAX DUE IS OVER \$200.00)

- 9. INCOME SUBJECT TO TAX .....\$ \_\_\_\_\_ TIMES TAX RATE OF 1% (.01) FOR GROSS TAX OF \$ \_\_\_\_\_
- 10. LESS EXPECTED TAX CREDITS:
  - A. TAX WITHHELD BY EMPLOYER ..... \$ \_\_\_\_\_
  - B. OVERPAYMENT FROM PRIOR YEAR(S) ..... \$ \_\_\_\_\_
  - C. TOTAL CREDITS .....(ROUND AMOUNTS TO NEAREST DOLLAR) ..... \$ \_\_\_\_\_
- 11. NET TAX DUE (LINE 9 LESS LINE 10C) .....\$ \_\_\_\_\_
- 12. AMOUNT DUE WITH THIS DECLARATION ..... \$
- 13. BALANCE OF ESTIMATED TAX .....\$ \_\_\_\_\_

TOTAL AMOUNT DUE \$ \_\_\_\_\_ (BOX 7) + \$ \_\_\_\_\_ (BOX 12) = \$

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 & COMPLETE. IF PREPARED BY PERSON OTHER THAN TAXPAYER, THE DECLARATION IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE.

SIGNATURE OF PREPARER \_\_\_\_\_ DATE \_\_\_\_\_ SIGNATURE OF TAXPAYER \_\_\_\_\_ DATE \_\_\_\_\_  
PHONE # OF PREPARER \_\_\_\_\_ Check here to give us permssion to contact preparer SIGNATURE OF TAXPAYER \_\_\_\_\_ DATE \_\_\_\_\_

**SCHEDULE C BUSINESS INCOME**

1. ATTACH COPIES OF FEDERAL SCHEDULES (ENTER TOTAL INCOME FROM SCHEDULES) ..... \$ \_\_\_\_\_
2. A. ITEMS NOT DEDUCTIBLE (FROM LINE M SCHEDULE X) ..... 2.A \_\_\_\_\_  
 B. ITEMS NOT TAXABLE (FROM LINE Z SCHEDULE X) ..... 2.B \_\_\_\_\_  
 C. DIFFERENCE BETWEEN LINES 2A AND 2B TO BE ADDED TO OR SUBTRACTED FROM LINE 1 ..... 2.C \_\_\_\_\_
3. A. ADJUSTED INCOME (LINE 1 PLUS OR MINUS 2C IF SCHEDULE X IS USED) ..... 3.A \_\_\_\_\_  
 B. AMOUNT OF LINE 3A ABOVE ALLOCABLE \_\_\_\_\_ % FROM STEP 5 SCHEDULE Y ..... 3.B \_\_\_\_\_
4. NET OPERATING LOSS FROM PRIOR YEARS ..... 4. \_\_\_\_\_  
 2019                      2020                      2021                      2022                      2023
5. NET BUSINESS INCOME ..... 5. \_\_\_\_\_

**SCHEDULE E INCOME FROM RENTS**

1. ADDRESS OF PROPERTY	2. AMOUNT OF RENT	3. DEPRECIATION	4. REPAIRS	5. OTHER EXPENSES	6. NET INCOME (OR LOSS)
NET INCOME (OR LOSS) SCHEDULE E .....					\$ _____

**SCHEDULE H OTHER INCOME (PARTNERSHIPS, ESTATES, TRUSTS, PRIZES, DIRECTOR FEES, MISCELLANEOUS, COMMISSIONS, ETC.)**

RECEIVED FROM	FOR (DESCRIBE)	AMOUNT
TOTAL INCOME SCHEDULE H .....		\$ _____

ADD TOTAL OF SCHEDULES C, E & H. ENTER HERE AND ON LNE 2, PAGE 1 ..... \$ \_\_\_\_\_

**SCHEDULE X RECONCILIATION WITH FEDERAL INCOME TAX RETURN (ATTACH SUPPORTING SCHEDULES)**

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
a. Federally deducted losses from IRC 1221 or 1231 property dispositions ..... \$ _____		n. Federally reported income and gains from IRC 1221 or 1231 property dispositions except to the extent the income and gains apply to those described in IRC 1245 or 1250 ..... \$ _____	
b. Five percent of intangible income except that from IRC 1221 property dispositions ..... \$ _____		o. Interest earned or accrued ..... \$ _____	
c. City or State income taxes ..... \$ _____		p. Dividends ..... \$ _____	
d. Net operating loss deduction per Federal Return ..... \$ _____		q. Other Intangbe Income (explain) ..... \$ _____	
e. Federally deducted dividends, distributions, or amounts set aside for, credited to, or distributed to REIT or RIC investors ..... \$ _____		r. Amount of Federal Tax Credits to the extent they they have reduced corresponding operating expenses ..... \$ _____	
f. Federally deducted amounts paid or accrued to or for qualified self-employed retirement plans, health insurance plans, and life insurance plans for owners or owner-employees of non-C corp entities ..... \$ _____		s. Not previously deducted IRC Section 179 Expense ..... \$ _____	
g. Rental activities by partnership, S corp or LLC ..... \$ _____		t. Partnership, S corp, LLC charitable contributions ..... \$ _____	
h. Payments to partners (form 1065) ..... \$ _____		u. Other income exempt from Arcanum tax (explain) ..... \$ _____	
i. Other expenses not deductible (explain) ..... \$ _____		z. Total (enter on line 2B at top) ..... \$ _____	
m. Total (enter on line 2A at top) ..... \$ _____			

**SCHEDULE Y BUSINESS APPORTIONMENT FORMULA**

	A. LOCATED EVERYWHERE	B. LOCATED IN THIS CITY	C. PERCENTAGE (B divided by A)
STEP 1. ORIGINAL COST OF REAL & TANGIBLE PERSONAL PROPERTY	\$ _____	\$ _____	
GROSS ANNUAL RENTALS PAID MULTIPLIED BY 8 .....	\$ _____	\$ _____	
TOTAL OF STEP 1. ....	\$ _____	\$ _____	_____ %
STEP 2. WAGES, SALARIES, COMMISSIONS AND OTHER			
COMPENSATION PAID TO ALL EMPLOYEES .....	\$ _____	\$ _____	_____ %
STEP 3. GROSS RECEIPTS FROM SALES AND WORK/SERVICES			
PERFORMED .....	\$ _____	\$ _____	_____ %
STEP 4. TOTAL PERCENTAGES .....			_____ %
STEP 5. AVERAGE PERCENTAGE (Divide Total Percentages by Number of Percentages Used)			
ENTER HERE AND ON LINE 3B, SCHEDULE C ABOVE .....			_____ %