

2024 BUSINESS OR INDIVIDUAL INCOME TAX RETURN

CITY OF GALLIPOLIS INCOME TAX DEPARTMENT

MAIL TO: PO BOX 339, GALLIPOLIS, OH 45631

TELEPHONE: 740-441-6009 FAX: 740-441-2062

TAXABLE PERIOD BEGINNING 2024 AND ENDING
CALENDAR YEAR TAXPAYERS FILE AND PAY ON OR BEFORE APRIL 15, 2025

FILING IS REQUIRED EVEN IF NO TAX IS DUE

Single Married - Joint Married - Separate

2024 Residency Status (Please check one) Check here if this is your initial return

Resident Non-resident Partial year

Partial year list dates from to Check here if this is your final return

Account # FED ID#

Name

SS# SS#

Street Address

City, State, Zip

TAX OFFICE USE ONLY
TOTAL PAID \$
CASH CHECK
DATE BILLED
LATE FEE TOTAL
PENALTY MONTHS LATE
INTEREST INS DEC
PROC. BY AUDIT BY

ATTACH COPIES OF ALL W-2s, Federal Schedules AND 1040s, 1065s, 1120s, etc...

OFFICE USE ONLY
\$
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\$

1. INDIVIDUALS ONLY) Enter gross wages, salaries, bonuses, tips, commissions and other compensation \$
PROCEED TO LINE 5 IF LINE 1 IS YOUR TOTAL INCOME.

2a. Rental income - Complete Section B and attach Schedule E \$

2b. Other income (Business income) - Complete section A and attach Schedule C, 1099s, etc. \$

2c. Net operations Loss carry forward (NOL) \$

3a. If schedule X, page 2, add item (h) \$ deduct item (n) \$ Net + (-) \$

3b. Total lines 2b, 2c, and 3a \$

3c. If schedule Y, page 2 is completed, % allocable to Gallipolis \$

4. Adjusted other income-line 2a plus 3 c. \$

5. Total income subject to tax (line 1 and line 4) - Losses from line 4 are not ded from line 1 income. \$

6. Gallipolis income tax - 1% of line 5 amount \$

7. Less: Gallipolis tax withheld by employers (individual only) \$ ()

8. Less: Payments and credits of estimated tax \$ ()

9. Less: income taxes paid to City of Not to exceed 1% of that city's income \$ ()

10. TOTAL TAX DUE (lines 6 less lines 7, 8, and 9) \$

NOTE: No Payment is due if amount is \$10.00 or less.

11. Overpayment claimed: Refund (must be greater than \$10.00) \$ or Credit next year \$

RETURNS WILL NOT BE PROCESSED WITHOUT A SIGNATURE.

Do you want the Tax Department to discuss this information with the preparer? Yes No

The undersigned declares that this return is true, correct and complete, and that the figures used herein are the same used for federal tax purposes, under penalty of perjury.

X Signature of Taxpayer

X Signature of Person Preparing, if other than taxpayer

X Phone Number to Contact Date

X Phone Number to Contact Date

PLEASE RETURN THIS FORM AND MAKE CHECKS PAYABLE TO THE CITY OF GALLIPOLIS INCOME TAX DEPT.

PAGE 2
ATTACH COPIES OF W-2s AND FEDERAL SCHEDULES HERE

SECTION A Attach appropriate federal schedules for income from partnerships, business, estates, trusts, fees and other

For (description)	Federal Form(s) Attached	Amount
TOTAL BUSINESS INCOME - Total to page 1, line 2b		\$ _____

SECTION B Rental Income - Attach copy of Federal Schedules E or 8825

Total to page 1, line 2a \$ _____

SCHEDULE X - RECONCILIATION **FOR BUSINESS RETURNS ONLY**

Items Not Deductible	Items Not Taxable
a. Capital Losses\$ _____	i. Capital Gains\$ _____
b. Expenses applicable to non-taxable income\$ _____	j. Interest.....\$ _____
c. All taxes based on income\$ _____	k. Dividends\$ _____
d. 5% of Intangible Income\$ _____	l. Income from patents and copyrights.....\$ _____
e. Payments to partners (from Federal Form 1065)\$ _____	m. Other exempt income (explain) _____
f. Contributions\$ _____	
g. Other items not deductible (Explain)\$ _____	n. Total Deductions (enter as line 3a., page 1)\$ _____
h. Total additions (enter as line 3a, page 1).....\$ _____	

SCHEDULE Y - BUSINESS ALLOCATION FORMULA **FOR BUSINESS RETURNS ONLY**

	a. Located Everywhere	b. Located in This Municipality	c. Percentages (b ÷ a)
Step 1. Original cost of Real and Tangible Personal Property Gross annual rentals Multiplied by 8 Total Step 1	_____	_____	_____ %
Step 2. Gross Receipts form Sales Made and/or Work or Services Performed	_____	_____	_____ %
Step 3: Wages, Salaries and other Compensation Paid	_____	_____	_____ %
Step 4. Total Percentages	_____	_____	_____ %
Step 5: Average Percentage (Divide Total Percentage by Number of Percentages Used)			Carry to line 3c, page 1 _____ %