

**2025 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 _____ 2025 AND ENDING _____
CALENDAR YEAR TAXPAYERS FILE AND PAY ON OR BEFORE APRIL 15, 2026

FILING IS REQUIRED EVEN IF NO TAX IS DUE

Single Married - Joint Married - Separate

2025 Residency Status (Please check one) **Ch**
 Resident Non-resident Partial year

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

Account # **EEED ID#**

Name _____

SS# SS#

Street Address

City, State, Zip

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

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: <input type="checkbox"/> Refund (must be greater than \$10.00) \$ _____ or <input type="checkbox"/> Credit next year \$ _____	\$ (_____)

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\$(\underline{\hspace{1cm}})

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	\$ _____	n. Total Deductions (enter as line 3a., page 1)	\$ _____
g. Other items not deductible (Explain)	\$ _____		
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 from 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 _____ %

%