

**2022 VILLAGE OF DELTA INCOME TAX RETURN**

FORM FOR USE OF ALL TAXPAYERS SUBJECT TO DELTA INCOME TAX. File this return with PAYMENT to the Village of Delta, Division of Taxation, 401 Main Street, Delta, Ohio 43515. For questions, call (419)822-3190 x 102. Forms are due by April 17, 2023 or within 4 months from the close of a fiscal year.

OFFICE USE ONLY

FINAL RETURN, Explain \_\_\_\_\_

Your Soc. Sec. No. \_\_\_\_\_

Your Spouse's Soc. Sec. No. \_\_\_\_\_

I AM NOT REQUIRED TO COMPLETE THIS RETURN BECAUSE (PLEASE CHECK, SIGN & REMIT FORM)

- ONLY NONTAXABLE INCOME
- UNEMPLOYMENT BENEFITS
- PERMANENT DISABILITY
- NO INCOME
- DECEASED
- RETIRED
- ACTIVE DUTY MILITARY

Date Moved Into Delta \_\_\_\_\_  
 Date Moved Out of Delta \_\_\_\_\_  
 Previous Address \_\_\_\_\_  
 Present Address \_\_\_\_\_  
 Phone #: \_\_\_\_\_

1. Enter your total qualifying wages, salaries, bonuses, incentive payment or any other compensation BEFORE ANY PAYROLL DEDUCTIONS received from January 1 through December 31, 2022 from each employer or source. Include sick leave paid by employer, and all forms of Deferred Compensation. Do NOT include Unemployment Compensation, Attach W-2's, PAGES 1 AND 2 OF 1040 AND FED SCH 1

Individual Taxpayers	A. Names of Employers	B. City Where Employed	C. Tax Withheld in Other City		D. Delta Tax Withheld	E. Gross Earnings Before Deductions
			to exceed 1% per W-2	Not		
Totals						1. \$ _____

2. Other income (loss) from schedules C,E,F,K-1, 1099 Misc, W2G { \_\_\_\_\_ % FROM SCHEDULE Y STEP 5) 2. \$ \_\_\_\_\_

3. TAXABLE INCOME (Total Col. E.+ line 2)..... 3. \$ \_\_\_\_\_

4. ADJUSTMENTS: A. Less allocable Delta net loss from previous years (limited 5 years).... 4. \$ \_\_\_\_\_

5. TOTAL ADJUSTED TAXABLE INCOME SUBJECT TO DELTA INCOME TAX 5. \$ \_\_\_\_\_

6. Delta Income Tax 1.5% of line 5..... 6. \$ \_\_\_\_\_

7. CREDITS: (a) Taxes Withheld in Other cities (total col. 1C) ( Not to exceed 1%) ..... \$ \_\_\_\_\_  
 (b) Tax Withheld in Delta (Total Col. 1D) ..... \$ \_\_\_\_\_  
 (c) Payments to Delta on Estimates ..... \$ \_\_\_\_\_  
 (d) Overpayments from Preceding Year ..... \$ \_\_\_\_\_  
 (e) TOTAL CREDITS (Add Lines 7a, b, c, d)..... 7. \$ \_\_\_\_\_

8. (a) TAX DUE (Line 6 Less Line 7e) (NO AMT DUE LESS THAN \$10.01)..... 8. \$ \_\_\_\_\_

(b) Overpayment Claimed (if Line 7e exceeds Line 6 enter difference here)..... \$ \_\_\_\_\_

(c) Enter Amount of Line 8b you want Credited to your 2023 Estimated Tax (Not Less than \$10.01) ..... \$ \_\_\_\_\_

(d) Amount to be refunded (Line 8b Less Line 8c) NO REFUND LESS THAN \$10.01)..... \$ \_\_\_\_\_

9. PENALTY \_\_\_\_\_ INTEREST \_\_\_\_\_ LATE PENALTY \_\_\_\_\_ TOTAL..... 9. \$ \_\_\_\_\_

10. TOTAL AMOUNT DUE FOR 2022 (PAYABLE WITH THIS RETURN ON OR BEFORE APRIL 17, 2023) or the revised Federal Due Date..... 10. \$ \_\_\_\_\_

**DECLARATION OF ESTIMATED TAX FOR TAX YEAR 2023 -SEE INSTRUCTIONS**

11. Total Estimated Income Subject to Tax \$ \_\_\_\_\_ x TAX RATE OF 1.5% FOR GROSS TAX OF ..... 11. \$ \_\_\_\_\_

12. Delta Tax to be Withheld 1) \$ \_\_\_\_\_ 2) \_\_\_\_\_ Credit for Tax Withheld Other Cities Not to Exceed 1% ..... 12. \$ \_\_\_\_\_

13. Total of Line 12 (Box 1 plus 2)..... 13. \$ \_\_\_\_\_

14. NET TAX DUE (Subtract Line 13 from Line 11)..... 14. \$ \_\_\_\_\_

15. AMOUNT DUE WITH THIS ESTIMATE 1/4 OF Line 14..... 15. \$ \_\_\_\_\_

16. Overpayment from previous year-Credit from (Line 8c) if applicable..... 16. \$ \_\_\_\_\_

17. Subtract Line 16 from Line 15..... 17. \$ \_\_\_\_\_

18. TOTAL AMOUNT DUE-ADD Line 10 & 17 (PAYABLE WITH THIS RETURN ON OR BEFORE APRIL 17, 2023 or the revised Federal Due Date..... 18. \$ \_\_\_\_\_

I certify I have examined this return including accompanying schedules and statements, and to the best of my knowledge and belief it is true and correct.

May we contact the tax preparer directly with questions regarding this tax return? YES NO Both Signatures Required for joint return

Signature of Person Preparing, if Other than Taxpayer Date Signature of Taxpayer or Agent Date

Address or Name of Firm or Employer -Phone No. Signature of Taxpayer or Agent Date

**ATTACH PAGE 1 OF 1040**

Federal Returns 1065, 1120, 1120S.....ATTACH FEDERAL SCHEDULE.....\$ \_\_\_\_\_

**COPIES OF K-1'S ARE REQUIRED**

Schedule C.....ATTACH FEDERAL SCHEDULE.....\$ \_\_\_\_\_

Schedule E Rental.....ATTACH FEDERAL SCHEDULE.....\$ \_\_\_\_\_

Federal Schedule K-1 from Partnership Income (Schedule 1065).....ATTACH FEDERAL SCHEDULE.....\$ \_\_\_\_\_

Federal Schedule K-1 from S Corporation (Schedule 1120S).....ATTACH FEDERAL SCHEDULE.....\$ \_\_\_\_\_

Schedule F.....ATTACH FEDERAL SCHEDULE.....\$ \_\_\_\_\_

Schedule 4797, Part II.....ATTACH FEDERAL SCHEDULE.....\$ \_\_\_\_\_

Gross income from gaming, wagering, lotteries or schemes of chance.....\$ \_\_\_\_\_

Miscellaneous Income-income not reported elsewhere. ATTACH DOCUMENTATION

\_\_\_\_\_ \$ \_\_\_\_\_

**SCHEDULE H-ALL OTHER INCOME**

Individual's distributive share of income from partnerships, estates, trusts, director's and other fees, farm,

Received From	For (Describe)	Amount

Total Income-Enter on line 2, page 1 \$ \_\_\_\_\_

**SCHEDULE X-USE THIS RECONCILIATION WITH FEDERAL INCOME TAX RETURN**

**ITEMS NOT DEDUCTIBLE-ADD**

**ITEMS NOT TAXABLE-DEDUCT**

A. Capital Gains (Excluding Ordinary Losses)	\$ _____	G. Capital Gains (excluding ordinary gain)	\$ _____
B. Expenses incurred in the production of non-taxable Income (at least 5% of line K)	\$ _____	H. Interest income	\$ _____
C. Taxes based on income	\$ _____	I. Dividends	\$ _____
D. Net Operating Loss deduction per Federal Return	\$ _____	J. Other (explain) _____	\$ _____
E. Contributions	\$ _____	K. TOTAL DEDUCTIONS (enter from line 3 Schedule C)	\$ _____
F. TOTAL ADDITIONS	\$ _____	L. Net of line F & Line K (to be entered line 2 Sc.C)	\$ _____

**SCHEDULE Y-BUSINESS ALLOCATION FORMULA**

	a. located everywhere	b. located in Delta	percentage
Step 1. Avg. value of real & tang Personal Property	\$ _____	\$ _____	
Gross annual rentals paid multiplied by 8	\$ _____	\$ _____	
Total step 1	\$ _____	\$ _____	_____ %
Step 2. Gross receipts from sales made and/or work or services performed (see instructions)	\$ _____	\$ _____	_____ %
Step 3. Wages, salaries and other compensation paid	\$ _____	\$ _____	_____ %
4. Total Percentages	\$ _____	\$ _____	_____ %
5. Average Percentage (divide total percentages by number of pertanges used)			_____ %

CARRY TO LINE 2 page 1 OF YOUR RETURN \_\_\_\_\_ %