

2024 VILLAGE OF DELTA INCOME TAX RETURN

OFFICE USE ONLY

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 15, 2025 or within 4 months from the close of a fiscal year.

FINAL RETURN, Explain _____

Print your Name & Address:

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, 2024 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 Not to exceed 1% per W-2	D. Delta Tax Withheld	E. Gross Earnings Before Deductions
W-2 COPIES MUST BE ATTACHED					
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 2025 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 2024 (PAYABLE WITH THIS RETURN ON OR BEFORE April 15, 2025) or the revised Federal Due Date.....10. \$ _____

DECLARATION OF ESTIMATED TAX FOR TAX YEAR 2025 -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 15, 2025 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 _____

Not considered Filed Unless Signed

ATTACH PAGE 1 OF 1040

Federal Returns 1065, 1120, 1120 S.....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

- A. Capital Gains (Excluding Ordinary Losses) \$ _____
- B. Expenses incurred in the production of non-taxable Income (atleast 5% of line K) \$ _____
- C. Taxes based on Income \$ _____
- D. Net Operating Loss deduction per Federal Return \$ _____
- E. Contributions \$ _____
- F. TOTAL ADDITIONS \$ _____

ITEMS NOT TAXABLE-DEDUCT

- G. Capital Gains (excluding ordinary gain) \$ _____
- H. Interest Income \$ _____
- I. Dividends \$ _____
- J. Other (explain) _____ \$ _____
- K. TOTAL DEDUCTIONS (enter from line 3 Schedule C) \$ _____
- 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 _____ %