

Calendar Year Taxpayers - File this Return with Alliance Tax Department
 No Later than April 15th, 2020
 Fiscal Year - File within 105 days of End of the Period
 Fiscal Period _____ to _____
 IF PRINTED NAME OR ADDRESS IS INCORRECT, PLEASE MAKE NECESSARY CHANGES.

City of Alliance, Ohio
INCOME TAX RETURN
330-821-9190
2019

RESIDENT NON-RESIDENT
 PART YEAR RESIDENT

If you moved during 2019, please answer: Moved INTO ALLIANCE on _____
 OR Moved OUT of ALLIANCE on _____

SOCIAL SECURITY NUMBER
 TAXPAYER _____
 SPOUSE _____

FEDERAL I.D. NO. (BUSINESS) _____

TAX PAYER DAYTIME PHONE _____

RETIRED AND TAXPAYERS WITH NO TAXABLE INCOME: REASON (CHECK APPROPRIATE BOX)

ACTIVE DUTY MILITARY _____ RETIRED WITH ONLY NON-TAXABLE INCOME RETIREMENT DATE _____
 TAXPAYER DECEASED _____ ONLY INCOME-FROM NON-TAXABLE SOURCE, LIST SOURCE _____

EMPLOYERS NAME IN 2019	WHERE EMPLOYED IN 2019 (City and State)	TAX PAID TO OTHER CITIES	ALLIANCE TAX WITHHELD	GROSS WAGES

- GROSS WAGES, SALARIES, TIPS & OTHER COMPENSATION (Attach W-2's and/or 1099 Misc.) 1. \$ _____
- OTHER TAXABLE INCOME (from Schedule B on reverse side, Section 4, Line 3) 2. \$ _____
 - Business Profit (Attach Federal Schedule C)
 - Rental Income (Attach Federal Schedule E)
- DEDUCT EMPLOYEE BUSINESS EXPENSE (Attach Federal Form 2106 and Federal Schedule 1) 3. \$ _____
- TAXABLE INCOME (Line 1 plus Line 2 less Line 3) 4. \$ _____
- ALLIANCE CITY TAX DUE - 2.00% (.02) of Line 4 5. \$ _____

- CREDITS
 - Alliance Income Tax Withheld by Employers 6A. \$ _____
 - Income Tax Paid Other Cities Cannot exceed 1.75% of income earned in each location 6B. \$ _____
 - Payments on 2019 Declaration of Estimated Tax 6C. \$ _____
 - Amount Brought Forward from 2018 Return 6D. \$ _____
 - Total Credits (Add Line A, B, C, D) 6E. \$ _____
- BALANCE TAX DUE (Line 5 minus Line 6E) 7. \$ _____
- RETURNS FILED AFTER APRIL 15, 2020 ARE SUBJECT TO:
 - LATE FILING PENALTY IS \$25.00/month per return (capped at \$150/return) 8A. \$ _____
 - PENALTY (15% per occurrence) \$ _____ INTEREST (.58% per month) \$ _____ 8B. \$ _____
- TOTAL AMOUNT DUE (line 7 plus line 8A & 8B, if applicable)-PAYMENT IN FULL MUST ACCOMPANY THIS RETURN 9. \$ _____

Make check or money order payable to:
 City of Alliance

Mail To: Income Tax Department, 504 E. Main St.,
 P.O. Box 2025, Alliance, Ohio 44601

10. OVERPAYMENT TO BE REFUNDED \$ _____ OR CREDITED \$ _____ TO NEXT YEAR'S ESTIMATE.

NOTE: NO TAXES OR REFUNDS OF LESS THAN \$10.00 SHALL BE COLLECTED OR REFUNDED.

MANDATORY DECLARATION OF ESTIMATED TAX FOR YEAR 2020

Must be filed if the tax due exceeds \$200.00.	1. Total income subject to Alliance \$ _____	2. Alliance Tax at 2.00% (.02) \$ _____
	3. LESS TAX WITHHELD	
	a. By an Alliance Employer..... \$ _____	
	b. By an employer in _____ (name of city) \$ _____	
	c. Total Tax Withheld (Total 3a plus 3b) \$ _____	
	4. Balance estimated Alliance tax (2 minus 3c) \$ _____	
	5. Less Credits: Overpayment on previous year's return \$ _____	
6. Net Tax due (line 4 less line 5) \$ _____		
7. Amount paid with this Estimate (not less than 1/4 of line 6 if line 6 is \$200 or more) \$ _____		

GRAND TOTAL Total of TAX (line 9) and ESTIMATED PAYMENT (line 7) PAY THIS AMOUNT \$ _____

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

Preparer Name if Other Than Taxpayer _____

Signature of Taxpayer _____

Date _____

Signature of Spouse _____

Date _____

ATTACH ALL W-2 COPIES AND SCHEDULES TO THE BACK OF RETURN

INCOME TAX DEPARTMENT
504 EAST MAIN STREET
P.O. BOX 2025
ALLIANCE, OHIO 44601

CITY OF ALLIANCE
QUARTERLY ESTIMATE PAYMENT COUPON
1ST QUARTER

Taxpayer Soc. Sec. No.	Spouses Soc. Sec. #	Due on or Before 4-15-2020
Name & Address		

Method of Payment

- Cash (In Office Only)
- Check or Money Order
(Payable to "City of Alliance")
- Visa, Master Card, Discover & Debit Card*

*TO CHARGE YOUR PAYMENT, PLEASE CONTACT
OUR OFFICE AT 330-821-9190

AMOUNT PAID \$ _____ .

INCOME TAX DEPARTMENT
504 EAST MAIN STREET
P.O. BOX 2025
ALLIANCE, OHIO 44601

CITY OF ALLIANCE
QUARTERLY ESTIMATE PAYMENT COUPON
2ND QUARTER

Taxpayer Soc. Sec. No.	Spouses Soc. Sec. #	Due on or Before 6-15-2020
Name & Address		

Method of Payment

- Cash (In Office Only)
- Check or Money Order
(Payable to "City of Alliance")
- Visa, Master Card, Discover & Debit Card*

*TO CHARGE YOUR PAYMENT, PLEASE CONTACT
OUR OFFICE AT 330-821-9190

AMOUNT PAID \$ _____ .

INCOME TAX DEPARTMENT
504 EAST MAIN STREET
P.O. BOX 2025
ALLIANCE, OHIO 44601

CITY OF ALLIANCE
QUARTERLY ESTIMATE PAYMENT COUPON
3RD QUARTER

Taxpayer Soc. Sec. No.	Spouses Soc. Sec. #	Due on or Before 9-15-2020
Name & Address		

Method of Payment

- Cash (In Office Only)
- Check or Money Order
(Payable to "City of Alliance")
- Visa, Master Card, Discover & Debit Card*

*TO CHARGE YOUR PAYMENT, PLEASE CONTACT
OUR OFFICE AT 330-821-9190

AMOUNT PAID \$ _____ .

INCOME TAX DEPARTMENT
504 EAST MAIN STREET
P.O. BOX 2025
ALLIANCE, OHIO 44601

CITY OF ALLIANCE
QUARTERLY ESTIMATE PAYMENT COUPON
4TH QUARTER

Taxpayer Soc. Sec. No.	Spouses Soc. Sec. #	Due on or Before 1-15-2021
Name & Address		

Method of Payment

- Cash (In Office Only)
- Check or Money Order
(Payable to "City of Alliance")
- Visa, Master Card, Discover & Debit Card*

*TO CHARGE YOUR PAYMENT, PLEASE CONTACT
OUR OFFICE AT 330-821-9190

AMOUNT PAID \$ _____ .

DISREGARD THIS PAGE IF ENTIRE TAXABLE INCOME IS FROM SALARY AND WAGES

SCHEDULE A EMPLOYEE BUSINESS EXPENSE FEDERAL FORM 2106

NOTE: Alliance recognizes this deduction only when the expense incurred applies to gross earnings that are in the jurisdiction of the city. Example of Alliance Jurisdiction: If your city income tax withheld was paid to the City of Alliance by your employer, or if the city tax on your earnings is due to be paid to the City of Alliance. Must Attach copy of federal schedules, 2106 and Schedule 1.

SCHEDULE B OTHER TAXABLE INCOME

SECTION 1 RENTAL INCOME FROM FEDERAL SCHEDULE E (Attach copy of federal schedule) \$

SECTION 2 PARTNERSHIPS, ESTATES, TRUSTS, WAGERING, LOTTERY, FEES, ETC. \$

Table with 4 columns: Received From, For (Describe), Federal Form(s) Attached, Amount. Includes a total line for SECTION 2.

SECTION 3
1. BUSINESS INCOME
2. A. ITEMS NOT DEDUCTIBLE (Schedule X, Line H) Add \$
B. ITEMS NOT TAXABLE (Schedule X, Line Z) Deduct \$
C. ENTER EXCESS LINE 2A OR 2B
3. A. ADJUST NET INCOME (Line 1 Plus/Minus Line 2C) IF SCHEDULE X IS USED
B. AMOUNT ALLOCABLE TO ALLIANCE IF SCHEDULE Y STEP 5 IS USED OF LINE 3A
4. TAXABLE BUSINESS INCOME:

SECTION 4
1. TOTAL OTHER TAXABLE INCOME (loss) Section 1, 2, 3
2. DEDUCT NET OPERATING LOSS CARRY OVER
3. IF LINE SHOWS AN INCOME, ENTER ON PAGE 1 LINE 2
4. If LINE 3 SHOWS A LOSS, ENTER THAT AMOUNT HERE (This amount is eligible for carryover up to 5 years.)

SCHEDULE X. RECONCILIATION WITH FEDERAL INCOME TAX RETURN

Table with 4 columns: ITEMS NOT DEDUCTIBLE, ADD, ITEMS NOT TAXABLE, DEDUCT. Rows include Capital Losses, Expenses, Taxes, Payments, Net operating loss, Contributions, Other expenses, and Section 3 line 2A/B.

SCHEDULE Y (BUSINESS APPORTIONMENT FORMULA) USE ONLY IF NET PROFIT FROM ALLIANCE BRANCH IS NOT AVAILABLE
Resident Unincorporated Businesses Enter 100% in Step 5 Below
a LOCATED EVERYWHERE b LOCATED IN ALLIANCE c PERCENTAGE (b ÷ a)
STEP 1. ORIGINAL COST OF REAL & TANG. PERSONAL PROPERTY (GROSS ANNUAL RENTALS PAID MULTIPLIED BY 8)
STEP 2. GROSS RECEIPTS FROM SALES MADE AND/OR WORK OR SERVICES PERFORMED (SEE INSTRUCTIONS)
STEP 3. WAGES, SALARIES & OTHER COMPENSATION PAID
STEP 4. TOTAL PERCENTAGES
STEP 5. AVERAGE PERCENTAGE (Divide Total Percentages by Number of Percentages Used.) ENTER SECTION 3 LINE 3B

ATTACH COPY OF FEDERAL SCHEDULES