

# 2024 JAMESTOWN INCOME TAX RETURN

**Jamestown Tax Division**  
P.O. Box 148  
Jamestown, Ohio 45335

DUE ON OR BEFORE APRIL 15, 2025  
LATE FILING OF THIS RETURN SUBJECTS YOU TO  
INTEREST AND A MINIMUM \$25.00 PENALTY

937-675-5540  
Fax: 937-675-3142

TAXPAYER SSN: \_\_\_\_\_  
SPOUSE SSN: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

Name: \_\_\_\_\_

Spouse's Name (if filing joint return): \_\_\_\_\_

Current Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

IF YOU WERE A PARTIAL YEAR RESIDENT, LIST DATES OF JAMESTOWN RESIDENCE AND PREVIOUS ADDRESS:

DATE MOVED IN: \_\_\_\_\_

DATE MOVED OUT: \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_

I AM NOT REQUIRED TO COMPLETE SECTION B OF THIS TAX RETURN BECAUSE:

<input type="checkbox"/> UNDER 18 YEARS OF AGE	<input type="checkbox"/> ONLY INCOME IS FROM NON TAXABLE SOURCE, LIST SOURCE _____
<input type="checkbox"/> UNEMPLOYED	<input type="checkbox"/> MOVED FROM JAMESTOWN PRIOR TO 1/1/2024, LIST DATE OF MOVE _____
<input type="checkbox"/> OVER 64 YEARS OF AGE (WITH NO CITY TAXABLE INCOME)	<input type="checkbox"/> TAXPAYER DECEASED PRIOR TO 1/1/2024, LIST DATE OF DEATH _____

**A**

**B**

ATTACH  
W2'S HERE

IMPORTANT:  
All W-2s and  
required Federal  
Schedules  
(including  
Statements)  
must be  
attached.  
Returns received  
without ALL  
required  
information will  
be marked  
INCOMPLETE  
and returned  
to the taxpayer.  
AN  
INCOMPLETE  
RETURN IS  
NOT A FILED  
RETURN.

EMPLOYER'S NAME	AMOUNT OF JAMESTOWN TAX WITHHELD	CITY TAX WITHHELD IN OTHER CITIES (CANNOT EXCEED .5%)	WAGES (GENERALLY BOX 5)	THIS COLUMN FOR TAX OFFICE USE ONLY
1. TOTAL (ATTACH ALL W-2'S)	1A.	1B.	1C.	
1D. LESS EMPLOYEE BUSINESS EXPENSES. Copies of Federal Return (1040), Schedules A and 2106 must be attached			1D.	
1E. TOTAL TAXABLE WAGES (1C MINUS 1D)			1E.	
2. INCOME OTHER THAN WAGES FROM WORKSHEETS ON REVERSE			2.	
3. TOTAL INCOME (ADD LINE 1E AND LINE 2 - Do not subtract loss from W-2 Wages)			3.	
4. TAX - LINE 3 MULTIPLIED BY .5% (.005)			4.	
5A. JAMESTOWN TAX WITHHELD (FROM 1A)		5A.		
5B. 2024 ESTIMATED PAYMENTS		5B.		
5C. CREDIT FOR OTHER CITY TAX WITHHELD (FROM 1B)		5C.		
<b>CANNOT EXCEED .5%. DO NOT INCLUDE AMOUNTS REFUNDED TO YOU!</b>				
5D. TOTAL TAX CREDITS (ADD 5A, 5B AND 5C)			5D.	
6. IF LINE 4 IS GREATER THAN LINE 5D, BALANCE DUE (NOT LESS THAN \$10)			6.	
7. IF LINE 5D IS GREATER THAN LINE 4 ENTER OVERPAYMENT (NOT LESS THAN \$10)			7.	
AMOUNT TO BE: REFUNDED \$ _____ OR CREDITED TO 2025 \$ _____				
<b>ALL TAX BALANCES ARE DUE AND PAYABLE BY APRIL 15, 2025</b>				
<b>DECLARATION OF ESTIMATED TAX FOR YEAR 2025</b>				
8. TOTAL ESTIMATED TAX FOR 2025 (.01 MULTIPLIED BY JAMESTOWN TAXABLE INCOME)		8.		
9. LESS CREDITS (including prior year credit from Line 7)		9.		
10. NET ESTIMATED TAXES OWED		10.		
11. AMOUNT PAID WITH THIS DECLARATION (1/4 of Line 12)		11.		
12. <b>TOTAL DUE BY APRIL 15, 2025 (Add lines 6 and 11)</b>		12.		

**C**

By signing below, I certify I have examined this return including all schedules and statements and to the best of my knowledge and belief, it is true, correct and complete. This return is signed under penalty of perjury. Both signatures are required on a joint tax return.

If this return was prepared by someone other than the taxpayer, please list the preparer information below:

Preparer Name \_\_\_\_\_ Date \_\_\_\_\_

Preparer Phone Number \_\_\_\_\_

Signature of Taxpayer or Authorized Tax Agent \_\_\_\_\_ Date \_\_\_\_\_

Signature of Spouse (if joint return) or Authorized Tax Agent \_\_\_\_\_ Date \_\_\_\_\_

**FOR TAX OFFICE USE ONLY:**

PAID \_\_\_\_\_ DATE \_\_\_\_\_ BY \_\_\_\_\_

## WORKSHEET A – OTHER INCOME (As documented by Returns, Attachments, 1099s and Schedules)

TYPE	LOCATION	Net Taxable Gain From Fed. Schedule or Income Amount	Net Taxable Loss From Fed. Schedule or Income Amount
Proprietorship (Schedule C)			
Rental Income (Schedule E)			
Recapture of Depreciation on Sale of Rental Property (Schedule 4797)			
Reportable Partnership Income (Schedule E/K-1)			
Farm Income (Schedule F)			
1099 Income (not reported on Schedule C)			
Other Income			
<b>TOTAL TO LINE 2 ON REVERSE</b>			

**In no case may business losses be taken against wages or other compensation earned as an employee.**

Only the resident partner's share of partnership or S-Corp income or losses not attributable to Jamestown should be included on this return.

## SCHEDULE Y – BUSINESS ALLOCATION FORMULA

The Business Allocation Formula is to be used by taxpayers who have a place or places of business outside Jamestown to determine the portion of the net profits attributed to that part of the business within the boundaries of Jamestown. Businesses located wholly within the Jamestown Village limits must include copies of tax returns filed and paid in other cities in order to allocate less than 100% to Jamestown.

	A. LOCATED EVERYWHERE	B. LOCATED IN JAMESTOWN	C. PERCENTAGE (B/A)
Step 1. Average original cost of real and tangible personal property .....	\$ _____	\$ _____	
Gross annual rentals multiplied by 8 .....	\$ _____	\$ _____	
Total Step 1 .....	\$ _____	\$ _____	%
Step 2. Gross receipts from sales and work or services .....	\$ _____	\$ _____	%
Step 3. Total qualifying wages, salaries, commissions and other compensation for all employees .....	\$ _____	\$ _____	%
Step 4. Totals .....	\$ _____	\$ _____	%
Step 5. AVERAGE PERCENTAGE (Divide total percentages by number of percentages used.) Multiply by Net Taxable Gain from Federal Schedule C and enter on Worksheet A. ....			%

## SCHEDULE H – OTHER INCOME NOT INCLUDED ON FEDERAL SCHEDULES

### RENTAL INCOME (if a Federal Return is not required)

1. Location of Property	2. Amount of Rent Received	3. Mortgage Interest Payment	4. Repairs	5. Other Expenses	6. Total Expenses (add boxes 3, 4 & 5 together)	7. Total Income or Loss (subtract box 6 from box 2)

### INCOME FROM SALES OR SERVICES (if a Federal Return is not required)

1. Type of Products Sold or Services Provided	2. Total Received from Customers	3. Total Paid for Products or Materials	4. Total Income or Loss (subtract box 3 from box 2)

Enter Total Income or Loss (Box 7 for Rental Income and/or Box 4 for Income from Sales and Service) under "Other Income" on Worksheet A.