

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: _____

A

I AM NOT REQUIRED TO COMPLETE SECTION B OF THIS TAX RETURN BECAUSE:
☐ UNDER 18 YEARS OF AGE
☐ UNEMPLOYED
☐ OVER 64 YEARS OF AGE (WITH NO CITY TAXABLE INCOME)
☐ ONLY INCOME IS FROM NON TAXABLE SOURCE, LIST SOURCE _____
☐ MOVED FROM JAMESTOWN PRIOR TO 1/1/2024, LIST DATE OF MOVE _____
☐ TAXPAYER DECEASED PRIOR TO 1/1/2024, LIST DATE OF DEATH _____

B

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.	

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.

1D. LESS EMPLOYEE BUSINESS EXPENSES. Copies of Federal Return (1040), Schedules A and 2106 must be attached
1E. TOTAL TAXABLE WAGES (1C MINUS 1D) 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. _____
CANNOT EXCEED .5%. DO NOT INCLUDE AMOUNTS REFUNDED TO YOU!
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\$ _____
ALL TAX BALANCES ARE DUE AND PAYABLE BY APRIL 15, 2025

DECLARATION OF ESTIMATED TAX FOR YEAR 2025

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. TOTAL DUE BY APRIL15, 2025 (Add lines 6 and 11) 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:

Signature of Taxpayer or Authorized Tax Agent _____ Date _____

Preparer Name _____ Date _____

Preparer Phone Number _____

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			
TOTAL TO LINE 2 ON REVERSE			

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 Villiage limits must include copies of tax returns filed and paid in other cities in order to allocate less then 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.