

VILLAGE OF BELLE CENTER, OHIO

104 W. BUCKEYE P.O. BOX 508
BELLE CENTER, OHIO 43310

Check your status as a tax payer:

Resident Full Yr []
Part Yr []

INCOME TAX RETURN (FORM VOB506)

FILE WITH THE DEPT. OF TAXATION BY APRIL 30TH

If Moved During Year Of This Return Give Date Of Move
INTO CITY OUT OF CITY

FOR THE CALENDAR YEAR
IF PARTIAL YEAR OR FISCAL PERIOD

GIVE DATES: _____ THRU _____

Cashier's Validation

If Name or Address is incorrect, Make Necessary Changes

- [] Single
[] Married Filing Single Return
[] Married Filing Joint Return (Even If Only
On One Income. Include Spouse Name)
Social Security No.:
Spouse Social Security No.:
Business-Give Fed. I.D. No.:
Employer:
Spouse Employer:

NOTE: TAX RATE 1% (ATTACH LIST IF MORE LINES NEEDED)

BIRTH DATE

SPOUSE BIRTH DATE

1. LIST TOTAL EARNED INCOME RECEIVED BEFORE PAYROLL DEDUCTIONS. INCLUDE SICK PAY AND 1099 MISC. INCOME.

Table with 6 columns: EMPLOYER'S NAME, CITY OF EMPLOYMENT, BELLE CENTER TAX WITHHELD, OTHER CITY TAX WITHHELD, WAGES, ETC., W-2, 1099 MISC. AND ALL FEDERAL SCHEDULES MUST BE INCLUDED BUT DO NOT STAPLE ANYTHING TO THIS FORM

1A. TOTAL: IF NO OTHER TAXABLE INCOME, COMPUTE YOUR TAX ON LINE 4. \$ TOTAL WAGES, ETC. \$

2. Profit or Loss from Income Other Than Wages including small business or rental income.....

3. Total Taxable Income (Line 1A and 2). (Part year residents & non-residents see instruction 3).....

4. Multiply Taxable Income by 1%..... TAX AMOUNT BEFORE ANY CREDITS.

- 5. Credits:
(A) Belle Center Tax withheld by Employer(s)..... \$
(B) Payments made on Declaration of Estimated Tax.....
(Including prior year overpayment)
(C) Credit allowed for Tax Paid Other Cities - see instructions.....
Tax paid to another municipality may be used as a credit, but only up to the rate
of 1% imposed by the Village of Belle Center.

5 (D) TOTAL CREDITS

6. Balance Due (Line 4 less Line 5 (D)).....

7. Total Amount Due (Lines 6) PAYMENT MUST ACCOMPANY RETURN IF \$1.00 OR MORE.....
(Make check payable to "Village of Belle Center")

8. Overpayment Claimed (If Line 5 (D) exceeds Line 4) Enter Difference Here \$
Enter Amount of Line 6 You Want Credited to Next Year's Tax \$ Or Refunded \$ (Only \$1.00 or Over)

NOTE: UNLESS THIS TAX FORM IS SIGNED, DATED, ACCOMPANIED BY PAYMENT IF TAX IS
DUE, AND ALL SCHEDULES ARE INCLUDED, THIS IS NOT A LEGAL TAX RETURN.

I CERTIFY I HAVE EXAMINED THIS RETURN, INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS
TRUE, CORRECT AND COMPLETE.

SIGNATURE OF TAXPAYER (OR AGENT) DATE

SIGNATURE OF TAXPAYER (OR AGENT) DATE

NAME OF PREPARER IF OTHER THAN TAXPAYER

ADDRESS OF PREPARER IF OTHER THAN TAXPAYER

PAGE 2 INSTRUCTIONS

1. List **ALL W-2** and **1099** wages, including sick pay, 401K and all other deferred tax plans

NON - TAXABLE INCOME

1. Interest or dividend income.
2. Welfare benefits.
3. Social security.
4. Income from qualified pension plans.
5. State unemployment benefits.
6. Worker's compensation.
7. Proceeds of life insurance.
8. Active duty military pay (including National Guard when on active duty).
9. Earnings of persons under 16 years of age.
10. Capital gains.
11. Income of religious, fraternal, charitable, scientific, literary or educational institutions to the extent that such income is derived from tax-exempt activities.
12. Patent and copyright income.
13. Royalties derived from intangible property.
14. Annuity distributions.
15. Health welfare benefits distributed by governmental, charitable, religious or educational organizations.
16. Compensatory insurance proceeds, derived from property damage or personal injury settlements.
17. Lottery winnings.

- 1A. Total of ALL wages

2. To be used for small business and/or rental income. No loss from business or rental income may be used against wages. (Corporations will be furnished with Schedule X, Y and Z.)
3. Calculation for partial year taxpayer. ALL WAGES EARNED IN BELLE CENTER, REGARDLESS OF WHERE YOU LIVED ARE ENTIRELY TAXABLE.

- 5C. Tax paid to another municipality may be used. But only up to the Rate of 1%. Proof must be attached.

- 5D. Total of all credits from 5A, 5B and 5C.

6. TAX DUE. Line 4 minus Line 5D.

7. Total amount due is Tax on line 6.

8. If over paid indicate whether to credit to next year or to refund. No refund will be made under \$1.00.

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