Form IT1040

File With
BYESVILLE INCOME TAX DEPARTMENT
P. O. BOX 8
BYESVILLE, OHIO 43723
(740) 685-3337

2004 BYESVILLE INCOME TAX RETURN

FOR USE BY ALL TAXPAYERS ON A CALENDAR YEAR BASIS OR OTHER
TAXABLE PERIOD BEGINNING_____20____ AND ENDING_____20____
Calendar Year Taxpayers **FILE and PAY on or before April 15, 2005.**
Fiscal and Partial Year Taxpayers **FILE and PAY within 4 months after end of period.**
FILING REQUIRED EVEN IF NO TAX IS DUE

TAX OFFICE USE ONLY
AMOUNT PAID WITH RETURN
$_____
❒ CASH ❒ CHECK ❒ MO
Processed By:

Soc. Sec. No. (M) | | | |
Soc. Sec. No. (F) | | | |
Fed. I.D. No. | | |

Landlords name and address

2004 Residency Status (check one)
❒ Resident ❒ Partial Year Resident
❒ Non-Resident from_____ to _____

Name & Address imprinted above are as shown by our records.
(If incorrect, or if space is blank, please print your name and address as you wish them to show).

SCHEDULE A

Enter TOTAL wages, salaries, commissions and other compensation received in the tax period from January 1, 2004 to December 31, 2004, **BEFORE PAYROLL DEDUCTIONS.** Also enter amount of Village Income Tax withhold. **ATTACH ALL W-2'S AND/OR COPIES OF APPLICABLE FEDERAL SCHEDULES.**

INCOME

1. Wages, salaries, tips, and other compensation (Attach all W-2 forms) ..... $_____
2. Net Profit from Rentals (Schedule E, page 2) ..... $_____
3. Net Profit from Business or Profession (Schedule C, page 2) ..... $_____
4. Income from Partnerships, Etc. including farms (Schedule H, page 2) ..... $_____
5. Total income subject to Byesville Income Tax (Total Lines 1, 2, 3, 4) ..... $_____
6. Byesville Tax, 1% of Item 5 ..... $_____

CREDITS

ATTACH W-2 FORMS HERE

7. Tax credits:
   - A. Byesville tax withheld ..... $_____
   - B. Tax paid the City or Village of _____ (Not to exceed 1.0%) ..... $_____
   - C. Estimated tax paid Byesville ..... $_____
   - D. Prior years overpayment ..... $_____
   - E. Total tax credits ..... $_____
8. BALANCE DUE: (If line 6 is greater than line 7E) ..... $_____
9. Penalty & Interest Charges ..... $_____

   MAKE REMITTANCE TO: BYESVILLE INCOME TAX DEPT. – Disregard any amount under $1.00
10. Overpayment to be refunded $_____ or credited $_____ to next year's estimate.

DECLARATION OF ESTIMATED TAX FOR YEAR 2005

1. Total Income Subject to Tax $_____:Multiply by Rate of 1.0% For Gross Tax of ..... $_____
2. Less Expected Tax Credits
   - A. Withheld by an Employer (Not to Exceed 1.0%) ..... $_____
   - B. Overpayment From Prior Year ..... $_____
   - C. Payments to Another Municipality (Not to Exceed 1.0%) ..... $_____
   - D. Total Credits ..... $_____
3. Net Tax Due (Line 1 Less Line 2D) ..... $_____
4. Amount Paid With This Declaration ..... $_____

CERTIFICATION

I declare that the information contained in this tax return has been examined by me and to the best of my knowledge and belief, is a true and complete return.

(Signature of firm or person, other than taxpayer preparing return) (Date) (Signature of Taxpayer) (Date)

FILE THIS COPY WITH THE BYESVILLE INCOME TAX DEPT., P.O. BOX 8, BYESVILLE, OHIO 43723 ON OR BEFORE APRIL 15, 2005

TAX OFFICE COPY