

VILLAGE OF CAREY

FORM 18

FILE WITH CAREY INCOME TAX DEPT. 127 N. Vance St. Carey, Ohio 43316

ON OR BEFORE APRIL 15th

MAKE CHECK OR MONEY ORDER PAYABLE TO

VILLAGE OF CAREY

NOTICE: By law, all refunds and credits, in excess of \$10.00 are being reported to IRS.

THIS SPACE FOR TAX OFFICE ONLY

TELEPHONE: Home \_\_\_\_\_

NAME OF EMPLOYER \_\_\_\_\_

Business \_\_\_\_\_

ADDRESS: Street \_\_\_\_\_

City \_\_\_\_\_

TAXPAYERS NAME AND ADDRESS

[Empty box for Taxpayers Name and Address]

ACCOUNT NO. \_\_\_\_\_

SOCIAL SECURITY NUMBERS:

TAXPAYER \_\_\_\_\_

SPOUSE \_\_\_\_\_

IF MOVED SINCE THE PREVIOUS FINAL RETURN WAS DUE GIVE DATE: \_\_\_\_\_

INTO CITY \_\_\_\_\_ OR OUT OF \_\_\_\_\_

Please attach all W2's, 1099's & Federal Schedules that apply.

NOTE: Page 2 must be completed if you have taxable rental property or business income.

- 1. WAGES, SALARIES, TIPS AND OTHER EMPLOYEE COMPENSATION (SEE NOTE BELOW) \$
2. OTHER TAXABLE INCOME (SEE INSTRUCTIONS) \$
3. TAXABLE INCOME: LINE 1 PLUS LINE 2 \$
4. MUNICIPAL TAX 1 1/2% OF LINE 3 \$

5. CREDITS (Each W-2 stands independent) NO REFUND OR CREDIT GIVEN WHERE TAX IS PAID IN EXCESS OF 1% TO ANOTHER CITY. NOTE: BUSINESS LOSSES MAY NOT BE USED TO OFFSET W2 WAGES.

NO DEDUCTION IS ALLOWED FOR 401K'S, IRA, KEOGH, DEFERRED COMP. OR SIMILAR PLANS.

- A. TAX WITHHELD BY EMPLOYER FOR CAREY \$
B. ESTIMATED TAX PAID THIS MUNICIPALITY \$
C. TAX PAID CITY OR VILLAGE OF (NOT TO EXCEED 1%) \$
D. PRIOR YEAR OVERPAYMENTS \$
E. TOTAL CREDITS \$

- 6. IF LINE 4 IS GREATER THAN LINE 5E PAYMENT OF BALANCE MUST ACCOMPANY THIS RETURN: TAX DUE \$
A. PENALTY \$ INTEREST \$ LATE FEE \$50.00 \$
B. TOTAL AMOUNT DUE \$

7. OVERPAYMENT TO BE REFUNDED \$ OR CREDITED \$ TO NEXT YEAR ESTIMATE.

DECLARATION OF ESTIMATED TAX FOR YEAR

- 8. TOTAL INCOME SUBJECT TO TAX \$ MULTIPLY BY TAX RATE OF 1 1/2% FOR GROSS TAX OF \$
9. LESS EXPECTED TAX CREDITS
A. OVERPAYMENT FROM PRIOR YEAR(S) \$
B. PAYMENTS ON TAXABLE INCOME TO ANOTHER MUNICIPALITY (NOT TO EXCEED 1%) \$
C. TOTAL CREDITS \$
10. NET TAX DUE (LINE 8 LESS LINE 9C) \$
11. AMOUNT PAID WITH THIS DECLARATION (NOT LESS THAN 1/4 OF LINE 10) \$
12. BALANCE OF TAX \$
13. TOTAL AMOUNT DUE BY APRIL 15th \$

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 BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE.

Signature of Person Preparing if Other than Taxpayer

Signature of Taxpayer or Agent

Address Phone No.