

VILLAGE OF VALLEY HI, OHIO

C/o Douglas W. Boy
325 N. Main, Bellefontaine, OH 43311

Check your status as a tax payer:

Resident: Full Year

Part Year

INCOME TAX RETURN MUST BE FILED BY APRIL 15TH FOR THE CALENDAR YEAR 200_

IF PARTIAL YEAR OR FISCAL PERIOD

GIVE DATES: _____ THRU _____

If Name or Address is incorrect, Make Necessary Changes.

- Single
- 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: _____
- If Moved During Year of this Return Please give Date of Move:
 INTO VILLAGE _____ OUT OF VILLAGE _____

1. List Total Compensation Received Before any Payroll Deductions, Include Sick Pay and 1000.					W-2, 1099 AND ALL FEDERAL SCHEDULES MUST BE INCLUDED.
Employers Name	Municipality Of Employment	Valley Hi Tax Withheld	Other Municipal Tax Withheld	WAGES, ETC.	
		\$	\$	\$	
A. 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 4).....					
4. Multiply Taxable income by 1%.....					TAX AMOUNT BEFORE ANY CREDITS.
5. Credits:					
(A) Valley Hi Tax withheld by Employer(s).....				\$	
(B) Payments made in Declaration of Estimated Tax.....				\$	
(Including prior year overpayment)					
(C) Credit allowed for Tax Paid Other Municipalities. See instructions.....				\$	
Tax paid to another municipality may be used as a credit but on up to the rate of 1% imposed by the Village of Valley Hi.					
				5 (D) Total Credits	()
6. Balance Due (Line 4 less Line 5 (D)).....					\$
7. Over Payment Claimed (If Line 5 (D) exceeds line 4) Enter Difference Here \$ _____					
Enter Amount of Line 7 you want credited to next Year's Tax \$ _____ Or Refunded \$ _____ (Only \$1.00 or Over)					

8. There is a once a year penalty of \$25.00 for failure to file on time even though no tax liability is due.

(MAKE CHECK PAYABLE TO VILLAGE OF VALLEY HI)

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 _____