

VILLAGE OF OCTA INCOME TAX RETURN

**VILLAGE OF OCTA
Income Tax Dept.**
P.O. Box 63
Milledgeville, Ohio
43142

This return must be submitted by everyone
having earned income regardless of whether
Village of Octa Income taxes have or have not
been withheld.

TAX OFFICE

Phone
(740) 948-2444

DUE ON OR BEFORE APRIL 30, OR 4 MONTHS AFTER END OF FISCAL YEAR Fiscal Year _____ to _____

TAXPAYER'S NAME AND ADDRESS	IF JOINT RETURN INCLUDE BOTH SOCIAL SECURITY NOS.	FOR OFFICE USE ONLY
_____ _____ _____	Mr. _____ Ms. _____ Fed. ID# _____ If you have moved during Tax year give DATE IN DATE OUT	_____ _____ _____

NOTE: If balance due is less than \$1.00, no payment need be made. No refund will be made for less than \$1.00.
Overpayment claims will receive credit only on returns fully completed. No credit will be allowed for less than \$1.00
SECTION A: Must be completed and returned to the Income Tax Department. EVEN IF YOU DO NOT OWE ANY TAX.

A I AM NOT REQUIRED TO COMPLETE SECTION B OF THIS TAX RETURN BECAUSE:

ACTIVE DUTY MILITARY NO EMPLOYMENT

ONLY INCOME IS FROM NON-TAXABLE SOURCE, LIST SOURCE _____

TAXPAYER DECEASED, LIST DATE OF DEATH _____

B

1. ENTER GROSS WAGES, SALARIES, BONUSES, COMMISSIONS, AND OTHER EMPLOYEE COMPENSATIONS	1.		
2. ENTER OTHER INCOME FROM SCHEDULE C (Or attach copy of Federal Schedules)	2.		
3. TOTAL INCOME (Add Lines 1 and 2)	3.		
4. DEDUCTIONS FROM SCHEDULE X	4.		
5. AMOUNT SUBJECT TO OCTA INCOME TAX (LINE 3 MINUS LINE 4)	5.		
6. VILLAGE OF OCTA TAX BEFORE CREDITS, (MULTIPLY LINE 5 BY 1% OR .01)	6.		
7. VILLAGE OF OCTA INCOME TAX WITHHELD (No. of W-2's Attached) <input style="width: 50px;" type="text"/>	7.		
8. VILLAGE OF OCTA ESTIMATED TAX PAYMENTS	8.		
(include overpayment from prior year)	9.		
9. CREDIT FOR CITY INCOME TAX PAID TO OTHER MUNICIPALITY	9.		
(See Line 9 of Instructions) OCTA RESIDENTS ONLY.			
10. TOTAL OF LINES 7, 8 & 9	10.		
11. IF LINE 10 IS LESS THAN LINE 6, ENTER BALANCE DUE (If not, See Line 13)	11.		
11A. PENALTY <input style="width: 50px;" type="text"/> PLUS INTEREST <input style="width: 50px;" type="text"/> (See Instructions) ADD TOGETHER	11A.		
12. TOTAL AMOUNT DUE - PAY IN FULL WITH THIS RETURN	12.		
13. IF LINE 10 IS GREATER THAN LINE 6, ENTER THE OVERPAYMENT	13.		
14. AMOUNT OF LINE 13 TO BE REFUNDED TO YOU	14.		
15. AMOUNT OF LINE 13 TO BE CREDITED TO NEXT YEAR'S TAX LIABILITY	15.		

SEE INSTRUCTIONS ON BACK

FOR OFFICE USE ONLY
DATE AUTHORIZED _____
DATE POSTED _____

SCHEDULE X. RECONCILIATION WITH FEDERAL INCOME TAX RETURN

A. EMPLOYEE BUSINESS EXPENSES

(MUST ATTACH COPY OF FEDERAL FORM 2106)

B. INCOME EARNED BY TAXPAYER BEFORE REACHING AGE 18

(BIRTHDATE: _____)

C. AMOUNT OF INCOME EARNED OUT OF OCTA WHILE A NON-RESIDENT

(APPLIES TO PART-YEAR RESIDENTS ONLY)

D. OTHER INCOME EXEMPT FROM OCTA TAX

(EXPLAIN)

TOTAL OF SCHEDULE X

I CERTIFY 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, AND THE FIGURES USED HEREIN ARE THE SAME AS USED FOR FEDERAL INCOME TAX PURPOSES.

FORM _____ SIGNATURE OF TAXPAYER OR AGENT _____ (DATE) _____ SIGNATURE OF PERSON PREPARING IF OTHER THAN TAXPAYER _____ (DATE) _____

WF-1 _____ SPOUSE _____ (ADDRESS OR NAME AND ADDRESS OF FIRM OR EMPLOYER) _____

WHITE - ORIGINAL CANARY - TAXPAYER COPY