

FILE WITH
Village of Smithville
Income Tax Department
P.O. Box 517
Smithville, Ohio 44677

Village of Smithville
FILING REQUIRED EVEN IF NO TAX DUE.
TAX OFFICE PHONE 330-669-2311

MAKE CHECK OR MONEY ORDER
PAYABLE TO

Village of Smithville

ON OR BEFORE **APRIL 15.**

TELEPHONE: Home _____

NAME OF EMPLOYER _____

Business _____

ADDRESS: Street _____

TAXPAYERS NAME AND ADDRESS

City _____

ACCOUNT NO. _____

SOCIAL SECURITY NUMBERS:

TAXPAYER _____

SPOUSE _____

ARE YOU PERMANENTLY RETIRED? YES NO IF THE LAST 3 ANSWERS ARE NO
DID YOU HAVE W-2 INCOME? YES NO PLEASE MARK THEM, SIGN ON THE
DID YOU HAVE RENTAL INCOME? YES NO BOTTOM AND SEND TO THE IF MOVED SINCE THE PREVIOUS FINAL RETURN WAS DUE GIVE DATE:
DID YOU HAVE BUSINESS INCOME? YES NO ADDRESS ABOVE. INTO CITY _____ OR OUT OF _____

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

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

- 1. WAGES, SALARIES, TIPS AND OTHER EMPLOYEE COMPENSATION (Attach all W-2's and copy of Federal Return) \$ _____
- 2. OTHER TAXABLE INCOME (SEE INSTRUCTIONS) \$ _____
- 3. TAXABLE INCOME: LINE 1 PLUS LINE 2 \$ _____
- 4. MUNICIPAL TAX 1.5% OF LINE 3 \$ _____
- 5. CREDITS (Each W-2 stands independent) NO REFUND OR CREDIT GIVEN WHERE TAX IS PAID IN EXCESS OF 1.5%.

- A. TAX WITHHELD BY EMPLOYER FOR SMITHVILLE (NOT TO EXCEED 1.5%) \$ _____
- B. ESTIMATED TAX PAID THIS MUNICIPALITY \$ _____
- C. TAX PAID CITY OR VILLAGE OF _____ (NOT TO EXCEED 1.5%) \$ _____
- D. PRIOR YEAR OVERPAYMENTS \$ _____
- E. TOTAL CREDITS \$ _____

- 6. IF LINE 4 IS GREATER THAN LINE 5E PAYMENT OF BALANCE MUST ACCOMPANY THIS RETURN: (PYMT. IN FULL REQ.)
TAX DUE \$ _____
- A. PENALTY \$ _____ INTEREST \$ _____ (TAX OFFICE USE ONLY) \$ _____
- B. TOTAL AMOUNT DUE \$ _____

- 7. OVERPAYMENT TO BE REFUNDED \$ _____ OR CREDITED \$ _____ TO NEXT YEAR ESTIMATE. (No Credit or Refund Under \$1.00)

DECLARATION OF ESTIMATED TAX FOR YEAR

- 8. TOTAL INCOME SUBJECT TO TAX \$ _____ : MULTIPLY BY TAX RATE OF 1.5% 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 1.5%) \$ _____
 - 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 \$ _____

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 PREPAREE HAS ANY KNOWLEDGE.

Signature of Person Preparing if Other Than Taxpayer

Signature of Taxpayer or Agent

Address

Phone No.