

FILE WITH:
 Westfield Center
 Income Tax Dept.
 P.O. Box 750
 Westfield Center, OH 44251
 Phone (330) 887-5151

Village of Westfield Center

MAKE CHECK OR MONEY
 ORDER PAYABLE TO:
 Westfield Center
 Income Tax

Individual Income Tax Return

For the Calendar Year of _____ – Filing Deadline _____

Office Use Only

Acct. Number _____

Estimated Tax Paid
 (enter for part C line 2)

Did you live in Westfield Center all year? Yes No If No, Move in date _____ Move out date _____

W-2 Income: List Gross Income by Employer To The Right (attach W-2s)	Amount
_____	_____
_____	_____
_____	_____
_____	_____
Total	_____

Income: Business, Rents, or Professional: (Attach Federal Schedule C or E)	Amount
_____	_____
_____	_____

A Total Gross Income subject to Westfield Center Tax	A _____
B Total Westfield Center Income Tax Due ("A" multiplied by .01)	B _____
C Credits paid on Westfield Center Income Tax:	
1. Westfield Center Income Tax Withheld	1 _____
2. Payments on Declaration of Estimated Income Tax for	2 _____
3. Credit from Previous Tax Year	3 _____
4. Tax Credit for taxes paid to another city, NOT TO EXCEED 1% EACH W-2	4 _____
Total	C _____

D Balance of Tax Due (must be paid with the filing of this return) D _____

E If your credits (C) are larger than your tax due (B) then enter Overpayment here E _____

(Amount of \$1.00 or less is not refundable or payable)

Use X to indicate whether overpayment is to be refunded to you or applied against your Declaration of Estimated Tax .

Declaration of Estimated Income For:	Amount
F Total Estimated Income subject to Westfield Center Tax	_____
G Total Estimated Tax Due ("F" multiplied by .01)	_____
H Amount Due with Declaration ("G" multiplied by .25)	_____
I Less Overpayment applied against your Declaration of Estimated Tax	_____
J Amount Paid with Declaration	_____

I hereby certify that this is a true, correct, and complete return pursuant to the Westfield Center Ordinances and Regulations.

Signed _____ date _____ Signed _____ date _____