

MAIL TO: VILLAGE OF KALIDA

TAX YEAR

FOR OFFICE USE ONLY

Income Tax Dept.
P.O. Box 495
Kalida, OH 45853

FILING REQUIRED EVEN IF NO TAX DUE

Check No. Cash
Amount \$ Audit

Year or Fiscal Period to

CHECK ONE OR MORE Employee Proprietor Partner Professional Corporation Resident Non-Resident Part Year Resident

IF NAME OR ADDRESS IS INCORRECT MAKE NECESSARY CHANGES
(LIST BOTH NAME & SOCIAL SECURITY NUMBERS IF FILING A JOINT RETURN)
NAME

DUE ON OR BEFORE APRIL 15

Attach all W-2's, 1099's and Federal Schedules

Soc. Sec. No. (H)

Soc. Sec. No. (W)

Fed I.D. No.

Occupation or Nature of Business

Spouse's Occupation

STREET

CITY/STATE

ZIP CODE

PHONE

SECTION A

RETIRED AND TAXPAYERS WITH NO TAXABLE INCOME: REASON (CHECK APPROPRIATE BOX)

MOVE OUT DATE

ACTIVE DUTY MILITARY

RETIRED WITH ONLY NON-TAXABLE INCOME

TAXPAYER DECEASED

ONLY INCOME FROM NON-TAXABLE SOURCE, LIST SOURCE

SECTION B

Enter wages, salaries, bonuses, incentive payments, commissions before any payroll deductions, received between January 1 and December 31. List each employer or source separately.(Attach all W-2's/1099's)

Table with 5 columns: (B1) Name of Employer, (B2) City or Twp. Where Employed, (B3) Kalida Tax Withheld, (B4) Other Tax Withheld Not To Exceed 1%, (B5) Total Wages

- 1. WAGES (If no other taxable income go to Line 4) (Enclosed W-2 and 1099 Forms)
2. PROFIT OR LOSS FROM INCOME OTHER THAN WAGES
A. PROFIT FROM ANY BUSINESS OWNER (Attach Federal Forms) PAGE 2 Schedule A
B. RENTAL INCOME (Attach Federal Forms) PAGE 2 Schedule B
C. OTHER INCOME
D. TOTAL (LINE 2A, B, C) NOT LESS THAN ZERO
3. TOTAL INCOME (LINE 1 PLUS 2)
4. ALLOCATION % OF LINE 3 (BUSINESS INCOME ONLY) (ATTACH SCHEDULE Y)
5. TAX DUE (1% X LINE 3 LESS LINE 4)
6. TAX CREDITS (a) Kalida Tax Withheld (Column B3 above)
(b) Other City Tax Withheld (Column B4 above) Cannot Exceed 1% (Each W-2 Separately)
(c) Other Estimates, Direct Payments, Credit From Prior Year
(d) Total Credits Available
7. BALANCE OF TAX DUE (LINE 5 LESS LINE 6)
8. PENALTY \$ INTEREST \$
A. LATE FILING PENALTY - RETURNS FILED AFTER APRIL 15TH, ENTER \$25.00 FINE
9. TOTAL AMOUNT DUE (Make Check Payable: VILLAGE OF KALIDA, INCOME TAX)
10. OVERPAYMENT TO BE REFUNDED \$ OR CREDITED \$ TO NEXT YEAR ESTIMATE.

Note: No refund will be made until next Declaration is filed. No taxes or refunds of \$10.00 or less shall be collected or refunded.

SECTION C DECLARATION OF ESTIMATED TAX FOR

YEAR

- 11. Total Income subject to Tax \$ multiply by Tax Rate of 1%
12. LESS TAX TO BE WITHHELD
a. By a Village of Kalida Employer
b. By an employer in (name of city). Not to Exceed 1% Each W-2 Separately
c. Overpayment on previous year's return
d. Total CREDITS
13. BALANCE TAX DUE (Line 11 less Line 12)
14. Amount paid with this declaration (Not less than 22.5% of Line 13)
Balance of Tax
15. Total of this payment (Line 9 plus Line 14)
Make Remittance Payable to:
VILLAGE OF KALIDA, INCOME TAX

SECTION D

The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated and that the figures used herein are the same as used for Federal income tax purposes.

Signature of Person Preparing Return (If Other Than Taxpayer) Date

Signature of Taxpayer Date

Address

Signature of Spouse Date