

FILE NO LATER THAN APRIL 15<sup>TH</sup>.

INCOME TAX RETURN

20 \_\_\_\_\_

Part year Resident

Fiscal Year: File within 4 months after

Date moved INTO BOWERSTON \_\_\_\_\_

End of the Period

Date moved OUT OF BOWERSTON: \_\_\_\_\_

Fiscal Period \_\_\_\_\_ to \_\_\_\_\_

PLEASE PRINT

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Spouses Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Address: \_\_\_\_\_ Federal ID No.: \_\_\_\_\_

Phone No.: \_\_\_\_\_

COMPENSATION FROM WAGES (ATTACH: W-2'S , 1099'S AND FEDERAL SCHEDULE 1040), USE AMOUNT IN BOX 5, IF NO AMOUNT IN BOX 5, USE BOX 18 FROM W-2. USE THE LARGEST AMOUNT. LIST ADDITIONAL W2'S AND 1099'S ON BACK.

Table with 6 columns: EMPLOYER, CITY EMPLOYED, BOWERSTON TAX WITHHELD, OTHER CITY WITHHELD, GROSS WAGES (BOX 5)

1. TOTAL WAGES \$ \_\_\_\_\_

2. Other Taxable Income (From line 4, second page if applicable)
a. Business Profit (Attach Federal Schedules)----- \$ \_\_\_\_\_
b. Rental Income (Attach Federal Schedules E)----- \$ \_\_\_\_\_

3. Deduct Employee Business Expense (Attach Federal Form 2106 and Federal Schedule A)----- \$ \_\_\_\_\_

4. TAXABLE INCOME (Line 1 plus Line 2, Less Line 3)----- \$ \_\_\_\_\_

5. Bowerston Village Tax Due (1.00% of line 4)----- \$ \_\_\_\_\_

6. CREDITS
A. Bowerston Income Tax Withheld by Employers----- \$ \_\_\_\_\_
B. Income Tax paid to Other Cities (NOT TO EXCEED 1% OF EACH W-2) \$ \_\_\_\_\_
C. Amount of Estimated Payments----- \$ \_\_\_\_\_
D. Amount brought forward from a previous return----- \$ \_\_\_\_\_
E. TOTAL CREDITS----- \$ \_\_\_\_\_

7. BALANCE TAX DUE (Line 5 minus line 6E)----- \$ \_\_\_\_\_

(PAYMENT IN FULL MUST ACCOMPANY THIS RETURN)

8. OVERPAYMENT TO BE REFUNDED \$ \_\_\_\_\_ OR CREDIT \$ \_\_\_\_\_ TO NEXT YEAR.
NOTE: NO TAXES, CREDITS, OR REFUNDS OF LESS THAN \$10.00 SHALL BE COLLECTED, CREDITED, OR REFUNDED.

OPTIONAL SECTION

9. Enter Estimated Taxable Income for next year-----ESTIMATE \$ \_\_\_\_\_

10. Enter 1% of line 9 or 1st quarter estimate (SEE WORKSHEET)----- \$ \_\_\_\_\_

11. TOTAL DUE (LINE 7 + LINE 10 MINUS AMOUNT CREDITED FROM LINE 8)---- \$ \_\_\_\_\_

MAKE CHECK OF MONEY ORDER PAYABLE TO: VILLAGE OF BOWERSTON INCOME TAX

MAIL TO: VILLAGE OF BOWERSTON INCOME TAX DEPT P O BOX 2 BOWERSTON, OHIO 44695

I CERTIFY THAT I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) AND TO THE BEST OF MY KNOWLEDGE AND BELIEVE IT IS TRUE, CORRECT AND COMPLETE. IF PREPARED BY A PERSON OTHER THAN TAXPAYER, THE DECLARATION IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE.

Preparer Name if other than taxpayer

Signature of Taxpayer

Date

Signature of Taxpayer

Date