

VILLAGE OF TUSCARAWAS  
INCOME TAX RETURN

TAX YEAR

FILING REQUIRED EVEN IF NO TAX DUE

FOR OFFICE USE ONLY

Check No. \_\_\_\_\_ Cash \_\_\_\_\_

Amount \$ \_\_\_\_\_ Audit \_\_\_\_\_

Year or Fiscal Period \_\_\_\_\_ to \_\_\_\_\_  
VILLAGE OF TUSCARAWAS, INCOME TAX DEPT., P.O. BOX 388, TUSCARAWAS, OHIO 44682

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

Soc. Sec. No. (H) \_\_\_\_\_

Soc. Sec. No. (W) \_\_\_\_\_

Fed I.D. No. \_\_\_\_\_

Occupation or Nature of Business \_\_\_\_\_

Spouse's Occupation \_\_\_\_\_

W-2  
COPIES  
MUST  
BE  
ATTACHED

STREET \_\_\_\_\_

CITY/STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_

(Place label here)

SECTION A RETIRED AND TAXPAYERS WITH NO TAXABLE INCOME:

REASON (CHECK APPROPRIATE BOX)

- ACTIVE DUTY MILITARY
- UNDER 18 YEARS OF AGE
- RETIRED WITH ONLY NON-TAXABLE INCOME
- TAXPAYER DECEASED
- ONLY INCOME FROM NON-TAXABLE SOURCE, LIST SOURCE \_\_\_\_\_
- INCOME TAXED BY ANOTHER CITY AT RATE OF AT LEAST 1% LIST CITY AND RATE. \_\_\_\_\_

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)

(B1) Name of Employer	(B2) City or Twp. Where Employed	(B3) TUSCARAWAS Tax Withheld	(B4) Other Tax Withheld Not To Exceed 1%	(B5) Total Wages
		\$ _____	\$ _____	\$ _____
TOTALS 1		\$ _____	\$ _____	\$ _____

1. WAGES (If no other taxable income go to Line 4) (Enclosed W-2 Forms) \_\_\_\_\_
2. PROFIT OR LOSS FROM INCOME OTHER THAN WAGES
  - A. PROFIT FROM ANY BUSINESS OWNER (Attach Federal Forms) PAGE 2 Schedule A..... A. \$ \_\_\_\_\_
  - B. RENTAL INCOME (Attach Federal Forms) PAGE 2 Schedule B..... B. \$ \_\_\_\_\_
  - C. OTHER INCOME..... C. \$ \_\_\_\_\_
  - D. TOTAL (LINE 2A, B, C) NOT LESS THAN ZERO..... 2. \$ \_\_\_\_\_
3. ADJUSTMENTS RECONCILIATION WITH FEDERAL RETURN (Attach Schedule or Return) (Business Returns Only) ..... 3. \$ \_\_\_\_\_
4. TOTAL INCOME (LINE 1 PLUS 2. PLUS OR MINUS LINE 3)..... 4. \$ \_\_\_\_\_
  - A. ALLOCATION \_\_\_\_% OF LINE 4 (BUSINESS INCOME ONLY) (ATTACH SCHEDULE Y)..... 4.A \$ \_\_\_\_\_
5. TAX DUE (1% X LINE 4 LESS LINE 4A)..... 5. \$ \_\_\_\_\_
6. TAX CREDITS (a) Tuscarawas 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 ..... 6. \$ \_\_\_\_\_
7. BALANCE OF TAX DUE (LINE 5 LESS LINE 6)..... 7. \$ \_\_\_\_\_
8. PENALTY \$ \_\_\_\_\_ INTEREST \$ \_\_\_\_\_..... 8. \$ \_\_\_\_\_
  - A. LATE FILING PENALTY - RETURNS FILED AFTER APRIL 15TH, ENTER \$25.00 FINE..... 8.A \$ \_\_\_\_\_
9. TOTAL AMOUNT DUE (Make Check Payable: VILLAGE OF TUSCARAWAS, INCOME TAX) ..... 9. \$ \_\_\_\_\_
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 less than \$1.00 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%..... 11. \$ \_\_\_\_\_
12. LESS TAX TO BE WITHHELD
  - a. By a Village of Tuscarawas 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..... 12. \$ \_\_\_\_\_
13. BALANCE TAX DUE (Line 11 less Line 12) ..... 13. \$ \_\_\_\_\_
14. Amount paid with this declaration (Not less than 1/4 of Line 13) ..... 14. \$ \_\_\_\_\_
15. Balance of Tax..... 15. \$ \_\_\_\_\_
16. Total of this payment (Line 9 plus Line 14)..... Make Remittance Payable to: 16. \$ \_\_\_\_\_

VILLAGE OF TUSCARAWAS, 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 \_\_\_\_\_