FORM IR

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

Village of Smithville

FILING REQUIRED EVEN IF NO TAX DUE.

DO NOT STAPLE W-2'S OR CHECKS TO THIS FORM. DO NOT SEND CASH. MAKE CHECKS PAYABLE TO VILLAGE OF SMITHVILLE TAX DEPT.

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e garrere		E ON
n n e Vetjia.		OFFIC
e ja esee		TAX
		FOR
	٠.	THIS SPACE FOR TAX OFFICE ONLY
		EH2

10.00 are being

ON OR	BEFORE APRIL 15, 2019	TAX OFFICE PHONE 330-669-2311	э б
	TELEPHONE: Home	en en la companya de la companya de La companya de la co	Ceas
TAXP	YERS NAME AND ADDRESS	<u> </u>	oredits,
		ACCOUNT NO.	and cr
			g Sp
			Percentage of the control of the con
		TAXPAYER	78. 138.
		SPOUSE	NO IICE: By raw, reported to IRS.
ARE YOU	J PERMANENTLY RETIREO? ☐ Y	ES NO IFTHE LAST 3 ANSWERS ARE NO 3 E ALONED CINION THE DREVIOUS FINAL DETURNANCE DUE ONE DATE.	i odej
DID YOU	HAVE W-2 INCOME? ☐ YI	ES NO PLEASE MARK THEM, SIGN ON THE THIOVED SINCE THE PREVIOUS PINAL HET ONLY WAS DOE GIVE DATE:	
	I HAVE RENTAL INCOME? ☐ YI I HAVE BUSINESS INCOME? ☐ YI		
			
NOT	E: Page 2 must be completed	if you have taxable rental property or business income.	
1. W	AGES, SALARIES, TIPS AND C	OTHER EMPLOYEE COMPENSATION (Attach all W-2's)(Use Local Wages from Box 18, or Medicare wages Box 5) S	
		INSTRUCTIONS) (ATTACH SCHEDULES)	
3. TA	XABLE INCOME: LINE 1 PLUS	LINE 2 \$	
		INE 3 C. The Committee of Barbary Articles and Committee of Committee	***************************************
	and the first of the second of	pendent) NO REFUND OR CREDIT GIVEN WHERE TAX IS PAID IN EXCESS OF 1%.	
Α.		YER FOR SMITHVILLE (NOT TO EXCEED 1.5%) \$	
В.	ESTIMATED TAX PAID THIS	S'MUNICIPALITY A TELEPORATION AND A MEMBERS AND A SECOND S	de de George
C.	OTHER TAX CREDIT	(NOT TO EXCEED 1%)	
D.	PRIOR YEAR OVERPAYMEN	ITS"\$\$	
Ε.	TOTAL CREDITS	Tiger medicine de regiment de transpersoner vinen in man en montre de transpersoner (il proposition) de la communitation de la	
6. TA	X DUE (PAYMENT IN FULL RE	EQUIRED)	
	PENALTY	NO PAYMENT REQUIRED IF LESS THAN \$10.00	
Α.		MATED TAX LATE FILING NON-PMT INTEREST S	
		EREST. S	
	TOTAL AMOUNT DUE		
7. Q\		ED \$OR CREDITED \$TO NEXT YEAR ESTIMATE. (No Credit or F	
			······································
£	very taxpayer shall ma	ake a declaration of estimated taxes for the current taxable year if the amount pa	ayable as
		estimated is at least \$200. (Two Hundred dollars).	North Holland
		DECLARATION OF ESTIMATED TAX FOR YEAR 2019	146
	TAL INDOME OF TO TA		e e e
	SS EXPECTED TAX CREDITS	XX S : MULTIPLY BY TAX RATE OF 1.5% FOR GRÖSS TAX OF	
		OR YEAR(S)	Fra Africa
А. В.	PAVMENTS ON TAXABLE IN	NCOME TO SMITHVILLE (ESTIMATED TAX PMTS) S	austrā. Programas palais
D. С.		NCOME TO ANOTHER MUNICIPALITY (NOT TO EXCEED 1%) \$	
D.		\$	
		9D)	
11. AN	MOUNT PAID WITH THIS DECL	ARATION (22.5% OF LINE 10) (5. 1941) 441, 441, 441, 443, 444, 441, 444, 444,	
	i i	\$	
		D THIS RETÜRN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) AND TO THE BEST OF MY KNOWL MPLETE ME PREPARED BY A PERSON OTHER THAN TAXPAYER, THE DECLARATION BASED ON ALL INFORM	
	EPARER HAS ANY KNOWLEDG		

Phone No.

Signature of Person Preparing if Other Than Taxpayer

Address

☐ Authorization is given to tax preparer to communicate with Tax Administrator about matters concerning this return.

Signature of Taxpayer or Agent

PAGE 2

NEED BE COMPLETED ONLY BY THOSE WHO HAVE OTHER TAXABLE INCOME THAN WAGES OR WHO CLAIM EXPENSES AS A DEDUCTION FROM SUCH WAGES.

2 DDAS	FIT FROM ANY BUSINESS OWNED (ATTACH FEDERAL SCHEDULE C)	¢			
	TAL INCOME (ATTACH FEDERAL SCHEDULE E)				
	PRINCOME (ATTACH APPROPRIATE FEDERAL SCHEDULE) SEE INSTRUCTIONS BELOW				
6. TOTA	LOTHER INCOME (LINES 13 THRU 15).		\$		
7. CRED	DITS				
A. DE	DUCTIBLE EXPENSES: (ATTACH IRS FORMSCHEDULE 2106 OR OTHER STATEMENT)	\$			
B. NC	DN-TAXABLE INCOME: (EXPLAINSEE INSTRUCTIONS BELOW)				
er		\$	<u></u>		
С. ТО	OTAL DEDUCTIONS		\$		
8. NET (OTHER TAXABLE INCOME OR DEDUCTIONS (INSERT IN LINE 2 PAGE 1)	-,	· \$		
	INSTRUCTIONS				
Line 1 Line 2	Line 2 Business income or loss, rental income or loss, other income. Attachment of Federal Schedules and Returns to substantiate the profit or loss claimed is required. NOTE: LOSSES MAY NOT BE USED TO OFFSET WAGES.				
Line 3 Line 4					
Line 5	CREDITS				
	A: Tax withheld by your employer and paid to Smithville. B: Amount paid toward estimated tax. C: Income tax paid other municipalities (not to exceed 1% per city). Verification of m D: Credit from previous return to be applied to tax due. E: Add all credits (A thru D).	unicipality and amoun	t paid is needed.		
Line 6	Tax due from line 4 minus line 5E. No taxes or refunds of \$10.00 or less will be collect returns.	ed or refunded. Paym	ent must accompany		
Line 6.	A PENALTY and INTEREST Unpaid income tax and unpaid estimated tax 15% of unpaid amount. Late filings and late payment \$25.00 per month (not to exceed \$150)				
Line 6	Non-payment interest 6% A INTEREST				
	Interest of 6% will be applied on all taxes remaining unpaid after they become d B Add lines 6 and 6A.	ue.			
	DECLARATION AND RETURN PAYMENT CALENDA	AR			

QUARTER 3

SEPT. 15,

Make 3rd

22.5%

QUARTER 4

JAN. 15,

Make 4th

22.5%

APRIL 15,

File return. Pay

quarterly payment

QUARTER 1

APRIL 15,

File Declaration

22.5%

With This Return

QUARTER 2

JUNE 15,

Make 2nd

22.5%