## FORM IR FILE WITH AND MAKE CHECK PAYABLE TO:

Village of Smithville

PLEASE - NO STAPLES

Phone No.

## Village of Smithville

	e i	Off	ice	Us	e Oi	าไข		u),
PΑ	lD	W	TH	TH	IS F	ĚΤ	ÚF	N

	ME TAX RETURN RED EVEN IF NO TAX DUI	E. \$PROCES	SSED BY
ON OR BEFORE <b>APRIL 15, 2021</b>		DATE RE	ECD CAREE CONTRACTOR
IF MOVED SINCE THE PREVIOUS FINAL RETURN WAS DUE GIVE DAT	E: -		
INTO CITY OR OUT OF	<del>voj</del> uje statinju et eksterijus	ADDF	RESS CORRECTION REQUESTED
TAXPAYERS NAME AND ADDRESS	<u> Saturnia de Maria de La Companya d</u>		
·		<del> </del>	
	FEDERA	L·ID#	
	TAYPAVEE	3 SS#	a sacare Mach
	SPOUSE	SS#	
ARE YOU PERMANENTLY RETIRED? YES NO IF THE LAST'S ANSWERS A DID YOU HAVE W-2 INCOME? YES NO PLEASE MARK THEM, SIGN		NO:	
DID YOU HAVE RENTAL INCOME? YES NO BOTTOM AND SEND TO TH		$\mathcal{L}_{i} = \left\{ \frac{1}{2} \left( \frac{1}{2} \right) \right) \right) \right) \right)}{1} \right) \right) \right)} \right) \right) \right) \right) \right\} \right) \right\} \right)} \right) \right\} $	and the state of t
DID YOU HAVE BUSINESS INCOME? YES NO ADDRESS ABOVE.			at a sa karati kuma wakata
NOTE: Page 2 must be completed if you have taxable rental pro	perty or business income.		
1. GROSS WAGES, SALARIES, TIPS AND OTHER EMPLOYEE COM	IPENSATION (Attach all W-2's)(Use	Local Wages from Box 18, or Medicare	wages Box 5) \$
2. OTHER TAXABLE INCOME LOSSES CANNOT BE DEDUCTED FRO	OM W-2 WAGES		\$
3 TAYADI E INCOME, UNIT + DI LIO LINE O			
MUNICIPAL TAX DUE 1.5% OF LINE 3.	ere la finale de la surviva de la companya della companya de la companya della co		5
5. CREDITS (Each W-2 stands independent) NO REFUND OR CREDIT GI	IVEN WHERE TAX IS PAID IN EXC	DESS OF 1%,	
A. TAX WITHHELD BY EMPLOYER FOR SMITHVILLE (THIS IS NO	OT SCHOOL TAX 8503\		
B. ESTIMATED TAX PAID.	grander of the state of the sta		and the second s
C CREDIT FOR TAXES PAID TO OTHER CITIES	htt. seiddin i i i i i i i i i i i i i i i i i	\$	
(CANNOT EXCEED 1% OF LOCAL AND/OR BOX 18 WAGE D. PRIOR YEAR OVERPAYMENTS	-S PER W-21		
E. TOTAL CREDITS	<u> </u>	\$	
6. TAX DUE (PAYMENT MUST ACCOMPANY THIS RETURN)	*********************	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	s
7. PENALTY\$PLUS INTERES			
8. AMOUNT DUE BEFORE ESTIMATED TAXES, AMOUNT OF \$10	OR LESS IS NOT REFUNDABL	F OR PAYABLE	Φ
	RICREDITED \$		redit or Refund Under \$10.00)
			out of Hotalia offact without
Every taxpayer snall make a declaration of	OF ESTIMATED TAX FOR estimated taxes for the currer at least \$200. (Two Hundre	ent tayable year if the amou	unt payable is
	PLY BY TAX RATE OF 1.5% FOR	,	<b>¢</b>
9. LESS EXPECTED TAX CREDITS	$\mathcal{F}_{\mathcal{F}}}}}}}}}}$		<u> </u>
A. TAX WITHHELD BY EMPLOYER FOR SMITHVILLE	- Mary 1 d., 	\$	
B. PAYMENTS ON TAXABLE INCOME TO ANOTHER MUNICIP.			
C. OVER PAYMENT FROM PRIOR YEAR		¢	N. C.
D. TOTAL CREDITS			***************************************
0. NET ESTIMATED TAX DUE (LINE 8 LESS LINE 9D)			¢
1. AMOUNT PAID WITH THIS DECLARATION (22.5% OF LINE 10) PA	AYMENT MUST ACCOMPANY DE	CLABATATION	\$
2. BALANCE OF 2021 ESTIMATED TAX (TO BE BILLED QUARTER			
	,		······ •
I CERTIFY THAT I HAVE EXAMINED THIS RETURN (INCLUDING ACC IT IS TRUE, CORRECT AND COMPLETE. IF PREPARED BY A PE PREPARER HAS ANY KNOWLEDGE.	COMPANYING SCHEDULES AND ERSON OTHER THAN TAXPAYE	STATEMENTS) AND TO THE BEER, THE DECLARATION BASEI	EST OF MY KNOWLEDGE AND BELIED ON ALL INFORMATION OF WHIC
	Signature of Taxpo	ayer	Date
Preparer Date	·		a decide de la Caracteria
	Signature of Taxpa	ayer	Date
Address			

Phone Number

## 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.

	3. PROFIT FROM ANY BUSINESS OWNED (ATTACH FEDERAL SCHEDULE C)						
	RENTAL INCOME (ATTACH FEDERAL SCHEDULE E) \$						
15.	OTHER	INCOME (ATTACH AF	PROPRIATE FEDERAL SCHEDULE)	SEE INSTRUCTIONS BELO	w\$		
16.	TOTAL	OTHER INCOME (L	INES 13 THRU 15)			\$	
	CREDI						
	A. DED	OUCTIBLE EXPENSE	ES: (ATTACH IRS FORMSCHEDUL	E 2106 OR OTHER STATEME	NT)\$		
			E: (EXPLAINSEE INSTRUCTIONS I				
	C. TOT		······································				
f Ω							
10.			OME OR DEDUCTIONS (INSERT IN				
_							
		-		INSTRUCTIONS			
R.	iote.	All manistrates 40 .					
• •	WOIE:	return on or befo	years of age and older, except a re April 15 of each year. NON-T	is herein provided, shall, w "AXABI E INCOME: militar	vhether or not a tax-be due t	thereon, make and file a	
		aiviaenas, unem	pioyment compensation, perma	nent disability payments a	nd capital gains. Residents.	of Smithville age 65 or older	
		have income sub	and who have no income subject to the city tax, they are req	ct to the tax are not requir	ed to file a return. If retirees	over 65 residing in Smithville	
		if requesting an	extension, a copy of your Fe	deral Extension is requir	red prior to due date of cit	v return (April 15).	
	ine 1	Total of all wages	s received. All W-2's must be a	attached. Use Local wage:	s Box 18 or Medicare wages	Box 5.	
L	ine 2	Business income profit or loss clair	e or loss, rental income or loss, med is required. <b>NOTE:</b> LOSSE	other income. Attachment S MAY NOT BE USED TO	of Federal Schedules and F	leturns to substantiate the	
L	ine 3	Add lines 1 and 2	2.		OTTOET WAGES.		
	ine 4 ine 5	Taxable income to CREDITS	from line 3 multiplied by .015 (1	.5%).			
-	aije o		y your employer and paid to Sr	nithville.			
		<ul> <li>B: Amount paid t</li> </ul>	oward estimated tax.				
		D: Income tax pa	iid other municipalities <b>(not to ε</b> evious return to be applied to ta	exceed 1% per city). Verif	ication of municipality and a	mount paid is needed.	
	_	E: Add all credits	(A thru D).				
Ŀ	ine 6	Tax due from line returns.	4 minus line 5E. No taxes or re	efunds of \$10.00 or less w	ill be collected or refunded.	Payment must accompany	
L	ine 7	PENALTY and II	VTEREST				
		Unpaid income	tax and unpaid estimated tax	15% of unpaid amount.			
		Late filings and	late payment \$25.00 per mon	th (not to exceed \$150)			
		Non-payment in	terest 7% vill be applied on all taxes rer	nainina unnoid offer the	r banana atau		
L	ine 8	Total Amound D	ue - add lines 6 and 7	naming unpaid after they	y become due.		
_	ine 9		efund or Credit Est Tax.				
			DECLARATION AND	RETURN PAYMENT	CALENDAR		
		RTER 1	QUARTER 2	QUARTER 3	QUARTER 4		
_		IL 15,	JUNE 15,	SEPT. 15,	JAN. 15,	APRIL 15,	
File Declaration 22.5%			Make 2nd - 22.5%	Make 3rd 22.5%	Make 4th	File return. Pay	

22.5%

quarterly payment

22.5%

Accompany Declaration In Order For Dec To Be Proccessed.

With This Return. Payment Must

22.5%