FILE WITH AND MAKE CHECK PAYABLE TO:

Village of Smithville Income Tax Department P.O. Box 517

Village of Smithville

Office Use Only PAID WITH THIS RETURN

@ STD. IR1000 (REV.) 10/01

Smithville, Ohio 44677 330-669-2311 ON OR BEFORE APRIL 18, 2022		FILING REQUIRED EVEN		PROCESSED BY	PROCESSED BYDATE RECD	
				DATE RECD		
F MOVED SING	CE THE PREVIOUS FINAL RET	URN WAS DUE GIVE DATE:				
INTO CITY	OR O	UT OF		ADDRESS CORRECTION REQU	ESTED	
TAXPAYERS	NAME AND ADDRESS			(C) The state of t		
			7			
			ACCT #			
			TAXPAYER SS#			
			SPOUSE SS#			
ARE YOU PERM	IANENTLY RETIRED?	NO IF THE LAST 3 ANSWERS ARE NO	TELEPHONE NO:			
DID YOU HAVE W-2 INCOME?			(22) (10)	1		
		u have taxable rental property or bu	Joinaga ingama			
1; GROSS V	VAGES, SALARIES, TIPS AND	OTHER EMPLOYEE COMPENSATION	(Attach all W-2's)(Use Local Wag	es from Box 18, or Medicare wages Box 5)\$		
Pleas	se attach Schedule(s) used. This is not	earned interest		*****************************		
3. TAXABLE	EINCOME: LINE 1 PLUS LINE 2	2				
4. MUNICIP.	AL TAX DUE 1.5% OF LINE 3					
5. CREDITS	(Each W-2 stands independent) I	NO REFUND OR CREDIT GIVEN WHERE	E TAX IS PAID IN EXCESS OF	1%.		
A. TAX	WITHHELD BY EMPLOYER FO	OR SMITHVILLE (THIS IS NOT SCHOOL	_ TAX 8503)	\$		
B. EST	IMATED TAX PAID	CLEAR RESERVES AND		\$		
C. CRE	EDIT FOR TAXES PAID TO OT	THER CITIES		\$		
		AL AND/OR BOX 18 WAGES PER W-2		\$		
				······································		
6. TAX DUE	(PAYMENT MUST ACCOMP	ANY THIS RETURN)				
				\$		
				YABLE \$		
	YMENT TO BE REFUNDED \$			FO NEXT YEAR. (No Credit or Refund Under \$10		
				201	,	
	Every taxpayer shal	DECLARATION OF ESTII I make a declaration of estimated estimated is at least \$	MATED TAX FOR YE taxes for the current taxes 200. (Two Hundred dollar	ble year if the amount payable is		
8. INCOME	SUBJECT TO TAX \$			S TAX OF\$		
9. LESS EX	XPECTED TAX CREDITS					
A. TAX	WITHHELD BY EMPLOYER I	FOR SMITHVILLE .		\$		
		ME TO ANOTHER MUNICIPALITY (NOT				
		'EAR	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		ESS LINE 9D)				
		TION (22.5% OF LINE 10) PAYMENT MU				
		(TO BE BILLED QUARTERLY)				
TE. DALAIVO	DE OF 2022 EOTIMATED TAX	(TO BE BILLED GOARTERET)	******************************			
IT IS TRU	/ THAT I HAVE EXAMINED THIS JE, CORRECT AND COMPLE ER HAS ANY KNOWLEDGE.	S RETURN (INCLUDING ACCOMPANYIN TE. IF PREPARED BY A PERSON OTI	NG SCHEDULES AND STATE HER THAN TAXPAYER, THE	MENTS) AND TO THE BEST OF MY KNOWLEDGI DECLARATION BASED ON ALL INFORMATIO	E AND BELIE N OF WHIC	
			Signature of Taxpayer		Date	
Preparer		Date	Signature of Taxpayer		Date	
Address					2310	
Addiess			Phone Number	ax preparer to communicate with Tax Administrator abou	it matters	
Phone No.		TOP COPY = REMIT COPY	concerning this return. BOTTOM COPY = TAXPA			
				CELLOCI I (M) STD IN IDDI	J (DEV.) 1(J/D)	

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

13 PROF	TIT FROM ANY BUSINESS OWNED (ATTACH FEDE	BAL SCHEDULE C)	¢						
	PROFIT FROM ANY BUSINESS OWNED (ATTACH FEDERAL SCHEDULE C)								
14. RENTAL INCOME (ATTACH APPROPRIATE FEDERAL SCHEDULE E)									
	S. OTHER INCOME (ATTACH APPROPRIATE FEDERAL SCHEDULE) SEE INSTRUCTIONS BELOW \$ \$ \$ \$								
				\$					
17. CRED									
A. DE	DUCTIBLE EXPENSES: (ATTACH IRS FORMSCH	IEDULE 2106 OR OTHER STATEMEN	T)						
B. NC	N-TAXABLE INCOME: (EXPLAINSEE INSTRUCTI								
			<u> </u>						
C. TO	TAL DEDUCTIONS		*(*(*(*(*(*(*(*(*(*)*(*)*)*)*)*)*(*(*(*(*)*(*)*)*)*(*(*)*)*(*(*)*)*(*(*)*)*(*(*)*(*)*(*(*)*)*(*(*)*(*)*(*)*(*(*)*)*(*(*)*(*)*(*)*(*)*(*(*)*)*(*(*)*(*)*(*)*(*)*(*(*)*(*)*(*)*(*)*(*)*(*(*)*(*)*(*)*(*)*(*)*(*(*)*(*)*(*)*(*)*(*)*(*)*(*(*)*(*)*(*)*(*)*(*)*(*(*)*(*)*(*)*(*)*(*)*(*(*)*(*)*(*)*(*)*(*)*(*(*)*(*)*(*)*(*)*(*)*(*(*)*(*)*(*)*(*)*(*(*)*(*)*(*)*(*)*(*(*)*(*)*(*)*(*)*(*)*(*(*)*(*)*(*)*(*)*(*)*(*(*)*(*)*(*)*(*)*(*)*(*(*)*(*)*(*)*(*)*(*)*(*)*(*)*(*(*)*(*)*(*)*(*)*(*)*(*(*)*(*)*(*)*(*)*(*(*)*(*)*(*)*(*)*(*)*(*)*(*(*)*(*)*(*)*(*)*(*(*)*(*)*(*)*(*)*(*)*(*(*)*(*)*(*)*(*)*(*)*(*)*(*)*(*)*(*(*)*(*)*(*)*(*)*(*)*(*)*(*)*(*(*)*(*)*(*)*(*)*(*)*(*)*(*)*(*)*(*(*)*(*)*(*)*(*)*(*)*(*)*(*)*(*)*(*)*(*(*)*(*)*(*)*(*)*(*)*(*)*(*)*(*)*(*)*(*(*)*(*)*(*)*(*)*(*)*(*)*(*)*(*)*(*)*(*(*)*(\$					
18. NET (OTHER TAXABLE INCOME OR DEDUCTIONS (INSI								
		INSTRUCTIONS							
Line 1	All residents 18 years of age and older, exerturn on or before April 15 of each year. No dividends, unemployment compensation, who are retirees and who have no income have income subject to the city tax, they are incomes an extension, a copy of your Total of all wages received. All W-2's must be income income and are received.	ION-TAXABLE INCOME: military permanent disability payments an subject to the tax are not require re required to file a return on or b our Federal Extension is require to the attached. Use Local wages	pay, welfare, pensions, so d capital gains. Residents d to file a return. If retirees efore April 15th of each ye prior to due date of cit Box 18 or Medicare wages.	ocial security, interest, of Smithville age 65 or older over 65 residing in Smithville ear. by return (April 15). B Box 5.					
Line 2	e 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	Add lines 1 and 2.								
Line 4 Line 5	Taxable income from line 3 multiplied by .0 CREDITS)15 (1.5%).							
	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 municipality and amount paid is needed. D: Credit from previous return to be applied to tax due. E: Add all credits (A thru D).								
Line 6	Tax due from line 4 minus line 5E. No taxe	s or refunds of \$10.00 or less wil	l be collected or refunded.	Payment must accompany					
Line 7	returns. PENALTY and INTEREST								
	Unpaid income tax and unpaid estimate Late filings and late payment \$25.00 per Non-payment interest 7%	r month (not to exceed \$150)	become due						
Line 8									
Line 9	Overpayment Refund or Credit Est Tax.								
	DECLARATION	AND RETURN PAYMENT (CALENDAR						
AP File D	ARTER 1 QUARTER 2 PRIL 15, JUNE 15, eclaration Make 2nd 22.5% 22.5%	QUARTER 3 SEPT. 15, Make 3rd 22.5%	QUARTER 4 JAN. 15, Make 4th 22.5%	APRIL 15, File return. Pay quarterly payment					

Payment Must sccompany Declaration In Order For Dec

To Be Proccessed.