| FORM IR | | | | | |
|---|---|--|--|--|--|
| FILE WITH AND MAKE CHECK PAYABLE TO: | | | Office Use Only PAID WITH THIS RETURN | | |
| Village of Smithville Income Tax Department | | | | | |
| P.O. Box 517 | Village of Smit | hville | \$ | | |
| Smithville, Ohio 44677 330-669-2311 | INCOME TAX RETU FILING REQUIRED EVEN IF | | PROCESSED BY | | |
| ON OR BEFORE APRIL 18, 2022 | | NO TAX DOL. | DATE RECD | | |
| IF MOVED SINCE THE PREVIOUS FINAL RE | TUBN WAS DUE GIVE DATE: | | | | |
| | | | ADDRESS CORRECTION REQUESTED | | |
| TAXPAYERS NAME AND ADDRESS | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | ACCT # | | | |
| | | TAXPAYER SS# | | | |
| | | SPOUSE SS# | | | |
| | | | | | |
| ARE YOU PERMANENTLY RETIRED? YES UDD YOU HAVE W-2 INCOME? YES UDD YOU HAVE RENTAL INCOME? YES UDD YOU HAVE BUSINESS INCOME? YES UDD YOU HAVE BUSINESS INCOME? | NO PLEASE MARK THEM, SIGN ON THE NO BOTTOM AND SEND TO THE | TELEPHONE NU: | | | |
| | | and income | | | |
| | ou have taxable rental property or busir | | | | |
| | | | rom Box 18, or Medicare wages Box 5) \$ | | |
| Please atlach Schedule(s) used. This is no | ot earned interest | | | | |
| | | | \$ | | |
| | I) NO REFUND OR CREDIT GIVEN WHERE TA | | \$ | | |
| | | | | | |
| | FOR SMITHVILLE (THIS IS NOT SCHOOL TA | | | | |
| | | | | | |
| | OTHER CITIES CAL AND/OR BOX 18 WAGES PER W-2) | | <u> </u> | | |
| D. PRIOR YEAR OVERPAYMENTS | فسأست والمستوات الارتصار والمواج والاستخ | | | | |
| | | | ****\$ | | |
| | | | \$ | | |
| | | | | | |
| | | | ABLE\$\$ | | |
| 9. OVERPAYMENT TO BE REFUNDED \$ | \$OR CREDITED \$ | ТО | NEXT YEAR. (No Credit or Refund Under \$10.00) | | |
| Every taxpayer sha | DECLARATION OF ESTIMA all make a declaration of estimated tax | es for the current taxable | e vear if the amount pavable is | | |
| | estimated is at least \$200 | | | | |
| 8. INCOME SUBJECT TO TAX \$ | : MULTIPLY BY TAX RA | TE OF 1.5% FOR GROSS T | AX OF | | |
| 9. LESS EXPECTED TAX CREDITS | | | | | |
| | R FOR SMITHVILLE | | | | |
| | OME TO ANOTHER MUNICIPALITY (NOT TO | | | | |
| C. OVER PAYMENT FROM PRIOR | YEAR | | \$ | | |
| D. TOTAL CREDITS | | | ······ \$ | | |
| 10. NET ESTIMATED TAX DUE (LINE 8 I | LESS LINE 9D) | | | | |
| 11. AMOUNT PAID WITH THIS DECLAR | RATION (22.5% OF LINE 10) PAYMENT MUST | ACCOMPANY DECLARATATI | ON \$ | | |
| 12. BALANCE OF 2022 ESTIMATED TA | X (TO BE BILLED QUARTERLY) | | | | |
| | | | | | |
| | CERTIFY THAT I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) AND TO THE BEST OF MY KNOWLEDGE AND E * IS TRUE, CORRECT AND COMPLETE. IF PREPARED BY A PERSON OTHER THAN TAXPAYER, THE DECLARATION BASED ON ALL INFORMATION OF V REPARER HAS ANY KNOWLEDGE. | | | | |
| | | Signature of Taxpayer | Date | | |
| Preparer | Date | Signature of Taxpayer | Date | | |
| Address | | Phone Number | | | |
| Dhope No | | Authorization is given to tax concerning this return. | preparer to communicate with Tax Administrator about matters | | |
| Phone No. | TOP COPY = REMIT COPY | BOTTOM COPY = TAXPAYE | ER COPY | | |

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.

| | The rest worker income on personned (moent in line 21 Ade 1). | | φ |
|-----|--|----|------------|
| | NET OTHER TAXABLE INCOME OR DEDUCTIONS (INSERT IN LINE 2 PAGE 1) | | |
| | C. TOTAL DEDUCTIONS | | \$ |
| | | \$ | e |
| | B. NON-TAXABLE INCOME: (EXPLAINSEE INSTRUCTIONS BELOW) | | 2 |
| | A. DEDUCTIBLE EXPENSES: (ATTACH IRS FORMSCHEDULE 2106 OR OTHER STATEMENT). | \$ | |
| 17. | CREDITS | | |
| 16. | TOTAL OTHER INCOME (LINES 13 THRU 15). | | \$ |
| 15. | OTHER INCOME (ATTACH APPROPRIATE FEDERAL SCHEDULE) SEE INSTRUCTIONS BELOW | \$ | <u>•</u> : |
| 14. | RENTAL INCOME (ATTACH FEDERAL SCHEDULE E) | S | e. |
| 13, | PROFIT FROM ANY BUSINESS OWNED (ATTACH FEDERAL SCHEDULE C) | \$ | ε. |
| | | | |

INSTRUCTIONS

| NOTE: | All residents 18 years of age and older, except as herein provided, shall, whether or not a tax-be due thereon, make and file a return on or before April 15 of each year. NON-TAXABLE INCOME: military pay, welfare, pensions, social security, interest, dividends, unemployment compensation, permanent disability payments and capital gains. Residents of Smithville age 65 or older who are retirees and who have no income subject to the tax are not required to file a return. If retirees over 65 residing in Smithville have income subject to the city tax, they are required to file a return on or before April 15th of each year. If requesting an extension, a copy of your Federal Extension is required prior to due date of city return (April 15). | | | | |
|--------|--|--|--|--|--|
| Line 1 | Total of all wages received. All W-2's must be attached. Use Local wages Box 18 or Medicare wages Box 5. | | | | |
| Line 2 | usiness income or loss, rental income or loss, other income. Attachment of Federal Schedules and Returns to substantiate the rofit or loss claimed is required. NOTE: LOSSES MAY NOT BE USED TO OFFSET WAGES. | | | | |
| Line 3 | Add lines 1 and 2. | | | | |
| Line 4 | Taxable income from line 3 multiplied by .015 (1.5%). | | | | |
| 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 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 taxes or refunds of \$10.00 or less will be collected or refunded. Payment must accompany returns. | | | | |
| Line 7 | 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) Non-payment interest 7% | | | | |
| | -Interest of 7% will be applied on all taxes remaining unpaid after they become due. | | | | |
| Line 8 | Total Amound Due - add lines 6 and 7 | | | | |
| Line 9 | Overpayment Refund or Credit Est Tax. | | | | |
| | everyayment normal el trax. | | | | |

DECLARATION AND RETURN PAYMENT CALENDAR

| QUARTER 1 | QUARTER 2 | QUARTER 3 | QUARTER 4 |
|----------------------|-----------|-----------|-----------|
| APRIL 15, | JUNE 15, | SEPT. 15, | JAN. 15, |
| File Declaration | Make 2nd | Make 3rd | Make 4th |
| 22.5 % | 22.5% | 22.5% | 22.5% |
| With This Return. | | | |
| Payment Must | | | |
| ccompany Declaration | | | |
| | | | |

In Order For Dec To Be Proccessed. APRIL 15, File return. Pay quarterly payment