

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

Village of Smithville
FILING REQUIRED EVEN IF NO TAX DUE.
TAX OFFICE PHONE 330-669-2311

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

ON OR BEFORE APRIL 15.

TELEPHONE: Home _____

NAME OF EMPLOYER _____

TAXPAYERS NAME AND ADDRESS

[Empty box for Taxpayer Name and Address]

ACCOUNT NO. _____

SOCIAL SECURITY NUMBERS:

TAXPAYER _____

SPOUSE _____

ARE YOU PERMANENTLY RETIRED? YES NO IF THE LAST 3 ANSWERS ARE NO
DID YOU HAVE W-2 INCOME? YES NO PLEASE MARK THEM, SIGN ON THE
DID YOU HAVE RENTAL INCOME? YES NO BOTTOM AND SEND TO THE INTO CITY _____ OR OUT OF _____
DID YOU HAVE BUSINESS INCOME? YES NO ADDRESS ABOVE.

NOTICE: By law, all refunds and credits, in excess of \$10.00 are being reported to IRS.

THIS SPACE FOR TAX OFFICE ONLY

NOTE: Page 2 must be completed if you have taxable rental property or business income.

- 1. WAGES, SALARIES, TIPS AND OTHER EMPLOYEE COMPENSATION (Attach all W-2's)(Use Local Wages from Box 18, or Medicare wages Box 5) \$ _____
- 2. OTHER TAXABLE INCOME (SEE INSTRUCTIONS) (ATTACH SCHEDULES) \$ _____
- 3. TAXABLE INCOME: LINE 1 PLUS LINE 2 \$ _____
- 4. MUNICIPAL TAX 1.5% OF LINE 3 \$ _____
- 5. CREDITS (Each W-2 stands independent) NO REFUND OR CREDIT GIVEN WHERE TAX IS PAID IN EXCESS OF 1.5%.
 - A. TAX WITHHELD BY EMPLOYER FOR SMITHVILLE (NOT TO EXCEED 1.5%) \$ _____
 - B. ESTIMATED TAX PAID THIS MUNICIPALITY \$ _____
 - C. TAX PAID CITY OR VILLAGE OF _____ (NOT TO EXCEED 1.5%) \$ _____
 - D. PRIOR YEAR OVERPAYMENTS \$ _____
 - E. TOTAL CREDITS \$ _____
- 6. IF LINE 4 IS GREATER THAN LINE 5E PAYMENT OF BALANCE MUST ACCOMPANY THIS RETURN: (PYMT. IN FULL REQ.)
 - TAX DUE \$ _____
 - A. PENALTY \$ _____ INTEREST \$ _____ \$ _____
 - B. TOTAL AMOUNT DUE \$ _____
- 7. OVERPAYMENT TO BE REFUNDED \$ _____ OR CREDITED \$ _____ TO NEXT YEAR ESTIMATE. (No Credit or Refund Under \$1.00)

Every taxpayer shall make a declaration of estimated taxes for the current taxable year if the amount payable as estimated is at least \$200. (Two Hundred dollars).

DECLARATION OF ESTIMATED TAX FOR YEAR 2016

- 8. TOTAL INCOME SUBJECT TO TAX \$ _____ : MULTIPLY BY TAX RATE OF 1.5% FOR GROSS TAX OF \$ _____
- 9. LESS EXPECTED TAX CREDITS
 - A. OVERPAYMENT FROM PRIOR YEAR(S) \$ _____
 - B. PAYMENTS ON TAXABLE INCOME TO SMITHVILLE \$ _____
 - C. PAYMENTS ON TAXABLE INCOME TO ANOTHER MUNICIPALITY (NOT TO EXCEED 1%) \$ _____
 - D. TOTAL CREDITS \$ _____
- 10. NET TAX DUE (LINE 8 LESS LINE 9D) \$ _____
- 11. AMOUNT PAID WITH THIS DECLARATION (22.5% OF LINE 10) \$ _____
- 12. BALANCE OF 2016 TAX \$ _____

I CERTIFY THAT I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE. IF PREPARED BY A PERSON OTHER THAN TAXPAYER, THE DECLARATION BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE.

Signature of Person Preparing if Other Than Taxpayer _____

Signature of Taxpayer or Agent _____

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

Address _____

Phone No. _____

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

13. PROFIT FROM ANY BUSINESS OWNED (ATTACH FEDERAL SCHEDULE C) \$ _____

14. RENTAL INCOME (ATTACH FEDERAL SCHEDULE E) \$ _____

15. OTHER INCOME (ATTACH APPROPRIATE FEDERAL SCHEDULE) SEE INSTRUCTIONS BELOW \$ _____

16. TOTAL OTHER INCOME (LINES 13 THRU 15) \$ _____

17. CREDITS

A. DEDUCTIBLE EXPENSES: (ATTACH IRS FORM--SCHEDULE 2106 OR OTHER STATEMENT) \$ _____

B. NON-TAXABLE INCOME: (EXPLAIN--SEE INSTRUCTIONS BELOW) \$ _____

C. TOTAL DEDUCTIONS \$ _____

18. NET OTHER TAXABLE INCOME OR DEDUCTIONS (INSERT IN LINE 2 PAGE 1) \$ _____

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** 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** 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 1.5% 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 \$1.00 or less will be collected or refunded. **Payment must accompany returns.**
- Line 6A** PENALTY
 - Penalty of \$5.00 will be applied for failure to file tax return or pay taxes due.
- Line 6A** INTEREST
 - Interest of 1% will be applied on all taxes remaining unpaid after they become due.
- Line 6B** Add lines 6 and 6A.

DECLARATION AND RETURN PAYMENT CALENDAR

QUARTER 1	QUARTER 2	QUARTER 3	QUARTER 4	
APRIL 15,	JUNE 15,	SEPT. 15,	DEC. 15,	APRIL 15,
File Declaration	Make 2nd	Make 3rd	Make 4th	File return. Pay
22.5%	22.5%	22.5%	22.5%	quarterly payment