

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

ON OR BEFORE APRIL 15.

**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.

TELEPHONE: Home \_\_\_\_\_

TAXPAYERS NAME AND ADDRESS

[Empty box for Taxpayer Name and Address]

ACCOUNT NO. \_\_\_\_\_

SOCIAL SECURITY NUMBERS:

TAXPAYER \_\_\_\_\_

SPOUSE \_\_\_\_\_

- ARE YOU PERMANENTLY RETIRED?  YES  NO
  - DID YOU HAVE W-2 INCOME?  YES  NO
  - DID YOU HAVE RENTAL INCOME?  YES  NO
  - DID YOU HAVE BUSINESS INCOME?  YES  NO
- IF THE LAST 3 ANSWERS ARE NO PLEASE MARK THEM, SIGN ON THE BOTTOM AND SEND TO THE ADDRESS ABOVE.
- IF MOVED SINCE THE PREVIOUS FINAL RETURN WAS DUE GIVE DATE: \_\_\_\_\_ INTO CITY \_\_\_\_\_ OR OUT OF \_\_\_\_\_

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 DUE 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%.
  - A. TAX WITHHELD BY EMPLOYER FOR SMITHVILLE (NOT TO EXCEED 1.5%) \$ \_\_\_\_\_
  - B. ESTIMATED TAX PAID THIS MUNICIPALITY \$ \_\_\_\_\_
  - C. OTHER TAX CREDIT (NOT TO EXCEED 1%) \$ \_\_\_\_\_
  - D. PRIOR YEAR OVERPAYMENTS \$ \_\_\_\_\_
  - E. TOTAL CREDITS \$ \_\_\_\_\_
- 6. TAX DUE (PAYMENT IN FULL REQUIRED) \$ \_\_\_\_\_
 

NO PAYMENT REQUIRED IF LESS THAN \$10.00

  - A. PENALTY
    - UNDERPAYMENT OF ESTIMATED TAX \_\_\_\_\_ LATE FILING \_\_\_\_\_ NON-PMT INTEREST \_\_\_\_\_ \$ \_\_\_\_\_
    - TOTAL PENALTY AND INTEREST \$ \_\_\_\_\_
    - TOTAL AMOUNT DUE \$ \_\_\_\_\_
- 7. OVERPAYMENT TO BE REFUNDED \$ \_\_\_\_\_ OR CREDITED \$ \_\_\_\_\_ TO NEXT YEAR ESTIMATE. (No Credit or Refund Under \$10.00)

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 2017**

- 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 (ESTIMATED TAX PMTS) \$ \_\_\_\_\_
  - 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 2017 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.

TOP COPY = REMIT COPY

BOTTOM COPY = TAXPAYER COPY