

# VILLAGE OF GEORGETOWN

FORM IR

FILE WITH  
Georgetown Income Tax Dept.  
P.O. Box 116  
Georgetown, Ohio 45121

FILING REQUIRED EVEN IF NO TAX DUE.

MAKE CHECK OR MONEY ORDER  
PAYABLE TO

Georgetown Income Tax

ON OR BEFORE **APRIL 30.**

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

NAME OF EMPLOYER \_\_\_\_\_

ADDRESS: Street \_\_\_\_\_

TAXPAYERS NAME AND ADDRESS

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

SOCIAL SECURITY NUMBERS:

TAXPAYER \_\_\_\_\_

SPOUSE \_\_\_\_\_

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.

**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 and copy of Federal Return) ..... \$ \_\_\_\_\_
2. OTHER TAXABLE INCOME (SEE INSTRUCTIONS) ..... \$ \_\_\_\_\_
3. TAXABLE INCOME: LINE 1 PLUS LINE 2 ..... \$ \_\_\_\_\_
4. MUNICIPAL TAX ½% OF LINE 3 ..... \$ \_\_\_\_\_
5. CREDITS (Each W-2 stands independent) NO REFUND OR CREDIT GIVEN WHERE TAX IS PAID IN EXCESS OF ½%.
  
- A. TAX WITHHELD BY EMPLOYER FOR \_\_\_\_\_ (NOT TO EXCEED ½%) ..... \$ \_\_\_\_\_
- B. ESTIMATED TAX PAID THIS MUNICIPALITY ..... \$ \_\_\_\_\_
- C. TAX PAID CITY OR VILLAGE OF \_\_\_\_\_ (NOT TO EXCEED ½%) ..... \$ \_\_\_\_\_
- D. PRIOR YEAR OVERPAYMENTS ..... \$ \_\_\_\_\_
- E. TOTAL CREDITS ..... \$ \_\_\_\_\_
6. IF LINE 4 IS GREATER THAN LINE 5E PAYMENT OF BALANCE MUST ACCOMPANY THIS RETURN:
  - A. PENALTY \$ \_\_\_\_\_ INTEREST \$ \_\_\_\_\_ (TAX OFFICE USE ONLY) ..... \$ \_\_\_\_\_
  - B. TOTAL AMOUNT DUE ..... \$ \_\_\_\_\_
7. OVERPAYMENT TO BE REFUNDED \$ \_\_\_\_\_ OR CREDITED \$ \_\_\_\_\_ TO NEXT YEAR ESTIMATE.  
NO TAX DUE OR REFUND IF \$1.00 OR LESS

### DECLARATION OF ESTIMATED TAX FOR YEAR

8. TOTAL INCOME SUBJECT TO TAX \$ \_\_\_\_\_ : MULTIPLY BY TAX RATE OF ½% FOR GROSS TAX OF ..... \$ \_\_\_\_\_
9. LESS EXPECTED TAX CREDITS
  - A. OVERPAYMENT FROM PRIOR YEAR(S) ..... \$ \_\_\_\_\_
  - B. PAYMENTS ON TAXABLE INCOME TO ANOTHER MUNICIPALITY (NOT TO EXCEED ½%) ..... \$ \_\_\_\_\_
  - C. TOTAL CREDITS ..... \$ \_\_\_\_\_
10. NET TAX DUE (LINE 8 LESS LINE 9C) ..... \$ \_\_\_\_\_
11. AMOUNT PAID WITH THIS DECLARATION (NOT LESS THAN ¼ OF LINE 10) ..... \$ \_\_\_\_\_
12. BALANCE OF 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

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

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

13. PROFIT FROM ANY BUSINESS OWNED (ATTACH COPY OF FEDERAL SCHEDULE C) ..... \$ \_\_\_\_\_  
14. RENTAL INCOME (ATTACH COPY OF FEDERAL SCHEDULE E) ..... \$ \_\_\_\_\_  
15. OTHER INCOME (ATTACH COPY OF APPROPRIATE FEDERAL SCHEDULE) ..... \$ \_\_\_\_\_  
16. TOTAL OTHER INCOME (LINES 13 THRU 15) ..... \$ \_\_\_\_\_  
17. NET OTHER TAXABLE INCOME (INSERT IN LINE 2 PAGE 1) ..... \$ \_\_\_\_\_

### INSTRUCTIONS

#### FOR COMPLETION OF LINES 1 THRU 17

LINE NO.

- 1-17 Does not need to be filled out if all W-2's and a copy of your Federal Return are attached.
- 2. To be completed only if you are required to complete lines 13-16. Note BUSINESS LOSSES MAY NOT BE USED TO OFFSET WAGES.
- 4. If this form is used for a municipality having a different tax rate, please change the rate shown.
- 6. A&B to be completed by Tax Office only when tax has not been paid on time.
- 15. Retirement income as well as interest & dividend income is not taxable.
- 17. A. Deduction will be allowed only when a W-2 is attached and all expenses must be substantiated by proper schedules.

NOTE: UNLESS ACCOMPANIED BY PAYMENT OF THE BALANCE OF THE TAX DUE (LINE 6) AND AT LEAST 1/4 OF THE ESTIMATED TAX FOR (LINE 10) THIS FORM IS NOT A LEGAL RETURN OR DECLARATION.

#### DECLARATION AND RETURN PAYMENT CALENDAR

APRIL 30	JULY 31	Oct. 31	Jan. 31	APRIL 30
File Declaration with 1st payment.	Make 2nd quarterly payment.	Make 3rd quarterly payment.	Make 4th quarterly payment.	File Return, Pay any balance due.