

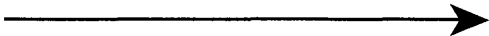
**2009**  
**VILLAGE OF MT. GILEAD**  
INCOME TAX DEPARTMENT  
72 W. HIGH STREET • MT. GILEAD, OHIO 43338



PRESORTED  
STANDARD  
U.S. POSTAGE PAID  
MT. GILEAD, OH  
PERMIT NO. 30

**ADDRESS SERVICE REQUESTED**

**VILLAGE OF MT. GILEAD**  
**INCOME TAX RETURNS**  
**DUE ON OR BEFORE APRIL 15, 2010**

**IMPORTANT:**   
**TO OPEN THIS BOOKLET TEAR HERE ONLY**

Form R File With  
**VILLAGE OF MT. GILEAD**  
 INCOME TAX DEPARTMENT  
 72 W. High Street  
 Mt. Gilead, Ohio 43338  
 Phone: (419) 946-4861

**2009**  
**MT. GILEAD INCOME TAX RETURN**  
 FILING REQUIRED EVEN IF NO TAX DUE  
 FILE ON OR BEFORE APRIL 15, 2010  
 PAYABLE TO: VILLAGE OF MT. GILEAD

FOR OFFICE USE ONLY	
DATE RECEIVED:	INITIAL
/  /	
DATE PAID:	INITIAL
/  /	

NOTIFY OF ANY CHANGE OF ADDRESS	THIS SECTION MUST BE COMPLETED
TAXPAYER'S NAME, ADDRESS	SS# _____
	MR. [ ][ ]-[ ][ ]-[ ][ ][ ][ ]
	MS. [ ][ ]-[ ][ ]-[ ][ ][ ][ ]
	EMPLOYER'S NAME: (MR.) _____
	(MS.) _____
TELEPHONE: HOME _____	DATE POSTED:
IF MOVED DURING THE YEAR, THIS MUST BE COMPLETED: MOVED IN: _____ MOVED OUT: _____	

CASH \$ \_\_\_\_\_

CHECK \$ \_\_\_\_\_

CHECK NUMBER \_\_\_\_\_

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

1. WAGES, SALARIES, TIPS AND OTHER EMPLOYEE COMPENSATION (USE BOX 5 OR 18, WHICHEVER IS HIGHER ON W-2S) ..... \$ \_\_\_\_\_  
 (ATTACH ALL W-2'S ON BACK)
2. OTHER TAXABLE INCOME (SEE PAGE 2, SECTION A) (INTEREST INCOME NOT TAXABLE) ..... \$ \_\_\_\_\_
3. TAXABLE INCOME: LINE 1, PLUS LINE 2 ..... \$ \_\_\_\_\_
4. MT. GILEAD TAX 1% OF LINE 3 ..... \$ \_\_\_\_\_
5. CREDITS
  - A. TAX WITHHELD BY EMPLOYER FOR VILLAGE OF MT. GILEAD ..... \$ \_\_\_\_\_
  - B. 2009 ESTIMATED TAX PAID TO THE VILLAGE OF MT. GILEAD ..... \$ \_\_\_\_\_
  - C. 1/2% OF GROSS WAGES TAXED BY ANOTHER CITY (AFTER APRIL 15 NO CREDIT ALLOWED) ..... \$ \_\_\_\_\_
  - D. PRIOR YEAR OVERPAYMENTS ..... \$ \_\_\_\_\_
  - E. TOTAL CREDITS ..... \$ \_\_\_\_\_
6. BALANCE OF TAX DUE (IF LINE 4 IS GREATER THAN LINE 5E) ..... \$ \_\_\_\_\_
  - A. FAILURE TO FILE AND PAY RETURN BY APRIL 15TH WILL BE ASSESSED A PENALTY OF \$25.00 \_\_\_\_\_ TOTAL \$ \_\_\_\_\_  
 OR 10% \_\_\_\_\_ WHICHEVER IS GREATER AND INTEREST OF 12% \_\_\_\_\_
  - B. TOTAL AMOUNT DUE (LINE 6 PLUS 6A) ..... \$
7. OVERPAYMENT TO BE REFUNDED \$ \_\_\_\_\_ OR CREDITED \$ \_\_\_\_\_ TO NEXT YEAR'S ESTIMATE  
 (AMOUNTS OF LESS THAN \$1.00 WILL NOT BE COLLECTED OR REFUNDED OR CARRIED FORWARD.)

**DECLARATION OF ESTIMATED TAX FOR YEAR 2010**  
 (PLEASE PAY YOUR 1ST ESTIMATE WITH THIS RETURN)

8. TOTAL INCOME SUBJECT TO TAX \$ \_\_\_\_\_ MULTIPLY BY TAX RATE OF 1% FOR GROSS TAX OF ..... \$ \_\_\_\_\_
9. LESS EXPECTED TAX CREDITS, PAYMENTS ON TAXABLE INCOME TO ANOTHER MUNICIPALITY (NOT TO EXCEED 1/2%) ..... \$ \_\_\_\_\_
10. NET TAX DUE (LINE 8 LESS LINE 9) ..... \$ \_\_\_\_\_
  - A. PRIOR YEAR OVERPAYMENT ..... \$ \_\_\_\_\_
  - B. BALANCE OF ESTIMATE TAX DUE FOR 2010 (LINE 10 LESS 10A) ..... \$ \_\_\_\_\_
11. AMOUNT PAID WITH THIS DECLARATION (NOT LESS THAN 1/4 OF LINE 10B) ..... \$
12. TOTAL THIS PAYMENT (LINE 6B PLUS LINE 11) ..... \$

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 IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE.

Signature of Person Preparing if Other Than Taxpayer _____	Date _____	Signature of Taxpayer _____	Date _____
Address _____	Telephone Number _____	Signature of Taxpayer _____	Date _____

**SECTION A**

**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 SCHEDULES OR 1099) ..... \$ \_\_\_\_\_
- 16. TOTAL OTHER INCOME (LINES 14 THRU 16) ..... \$ \_\_\_\_\_  
(The net loss from a business activity may **not** be used to offset salary or wage earnings)
- 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) ..... \$ \_\_\_\_\_

**SECTION B**

**INSTRUCTIONS:** Lines 1 thru 18

**TAXABLE INCOME** - All gross (use Box 5 on W-2's) wages, salaries, bonuses, commissions, fees, sick pay, lottery winnings and other compensation received by an individual for work done or services performed. Also net profits of business, partnership, corporations, professions, or other activities. Contributions made by or on behalf of employees to tax deferred annuity plan (401K plans and the like).

**NON-TAXABLE INCOME** - Active duty military pay, income such as interest, dividends, annuities, unearned income such as poor relief, compensation received for unemployment or injury, social security, pensions, capital gains.

- 1. Should be the total of all wages received. All W-2's and/or schedules must be attached.
- 2. To be completed only if you are required to complete Page 2. NOTE BUSINESS LOSSES MAY NOT BE USED TO OFFSET WAGES.
- 5.-C - A partial credit is allowed for taxes due and paid to another city. Example: On an income of \$10,000.00 earned in a city with a 2% tax rate, the employer should withhold \$200.00. The maximum allowable credit for Mt. Gilead in this case would be \$50.00 (1/2% of \$10,000.00).
- 7. Unless the space is checked as indicating a refund, your overpayment will be applied to your next year's estimate.
- 8. Insert the amount of income you expect to make in the year 2010.
- 11. You may pay the entire amount declared with the filing of this form.
- 13. If you discontinue as a salaried employee and intend to continue in business only, please advise in order that you may be sent a business form in the future. This also applies to lines 14 and 15.
- 15. Is for reporting such items as income listed on a Form 1099, sales commissions, and other taxable income.
- 17. A - Credit will be allowed only when a W-2 is attached and all expenses must be substantiated by proper schedules.  
 B - Applicable for persons, who during the current year, have moved in or out of this community, or any other income included in attached W-2 and not taxable to this community. Please state reason.

**NOTE:** All extensions must be filed in writing by April 15 and a copy of your federal extension attached. An extension is only on filing. Your full tax liability is due by April 15.

**NOTE:** All residents must file a tax return even if no income received, unless you are retired and have notified us of such.

**NOTE:** A penalty of \$25.00 or 10%, whichever is greater and interest of 12% will be assessed on all returns that are filed after April 15 unless an extension is granted.

**2010 DECLARATION AND RETURN PAYMENT CALENDAR**

**APRIL 15, 2010**  
File Declaration  
with 1/4 payment.

**JULY 31, 2010**  
Make 2nd  
quarterly payment.

**OCTOBER 31, 2010**  
Make 3rd  
quarterly payment.

**JANUARY 31, 2011**  
Make 4th  
quarterly payment.

**APRIL 15, 2011**  
File return. Pay  
quarterly payment.

VILLAGE OF MT. GILEAD
INCOME TAX DEPARTMENT
72 W. High Street
Mt. Gilead, Ohio 43338
Phone: (419) 946-4861

MT. GILEAD INCOME TAX RETURN

FILING REQUIRED EVEN IF NO TAX DUE
FILE ON OR BEFORE APRIL 15, 2010
PAYABLE TO: VILLAGE OF MT. GILEAD

Table with columns: DATE RECEIVED, INITIAL, DATE PAID, INITIAL

NOTIFY OF ANY CHANGE OF ADDRESS

THIS SECTION MUST BE COMPLETED

TAXPAYER'S NAME, ADDRESS

SS#
MR.
MS.
EMPLOYER'S NAME:
(MR.)
(MS.)
TELEPHONE: HOME
IF MOVED DURING THE YEAR, THIS MUST BE COMPLETED:
MOVED IN: MOVED OUT:

CASH \$
CHECK \$
CHECK NUMBER

DATE POSTED:

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

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2. OTHER TAXABLE INCOME...
3. TAXABLE INCOME: LINE 1, PLUS LINE 2...
4. MT. GILEAD TAX 1% OF LINE 3...
5. CREDITS
A. TAX WITHHELD BY EMPLOYER...
B. 2009 ESTIMATED TAX PAID...
C. 1/2% OF GROSS WAGES...
D. PRIOR YEAR OVERPAYMENTS...
E. TOTAL CREDITS...
6. BALANCE OF TAX DUE...
A. FAILURE TO FILE...
B. TOTAL AMOUNT DUE...
7. OVERPAYMENT TO BE REFUNDED...

DECLARATION OF ESTIMATED TAX FOR YEAR 2010
(PLEASE PAY YOUR 1ST ESTIMATE WITH THIS RETURN)

- 8. TOTAL INCOME SUBJECT TO TAX \$...
9. LESS EXPECTED TAX CREDITS...
10. NET TAX DUE...
A. PRIOR YEAR OVERPAYMENT...
B. BALANCE OF ESTIMATE TAX DUE FOR 2010...
11. AMOUNT PAID WITH THIS DECLARATION...
12. TOTAL THIS PAYMENT...

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Address Telephone Number Signature of Taxpayer Date

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\$ \_\_\_\_\_
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