

Form R File With

2018

FOR OFFICE USE ONLY

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, 2019
PAYABLE TO: VILLAGE OF MT. GILEAD

DATE RECEIVED: INITIAL
DATE PAID: INITIAL

TAXPAYER'S NAME, ADDRESS

ACCT #

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

CREDIT CARD \$

DATE POSTED:

ATTACH A COPY OF 1040, ALL APPLICABLE W-2S, FEDERAL SCHEDULES, EXPLANATIONS ETC....

- 1. Total W-2 wages - BOX 5 OR BOX 10, WHICHEVER IS LARGER
2. 2017 Expenses (Worksheet B & Form 2106 Must Be Attached)
3. TAXABLE WAGES. SUBTRACT LINE 2 FROM LINE 1
4. Income from other than wages
5. TOTAL WAGES - LINE 3 PLUS LINE 4
6. MT. GILEAD TAX - 1% OF LINE 5
7. CREDITS
A. TAX WITHHELD BY EMPLOYER FOR VILLAGE OF MT. GILEAD
B. CURRENT YEAR ESTIMATED TAX PAID TO THE VILLAGE OF MT. GILEAD
C. PRIOR YEAR OVERPAYMENTS
D. TOTAL CREDITS
8. BALANCE OF TAX DUE IF LINE 6 IS GREATER THAN LINE 7D
A. PENALTIES AND INTEREST
LATE PAYMENT PENALTY 15% + INTEREST + LATE CHARGE
B. TOTAL AMOUNT DUE (LINE 8 PLUS 8A)
9. OVERPAYMENT TO BE REFUNDED \$ OR CREDITED \$ TO NEXT YEAR'S ESTIMATE
(AMOUNT OF LESS THAN \$10.00 WILL NOT BE COLLECTED OR REFUNDED OR CARRIED FORWARD.)

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

- 10. TOTAL INCOME SUBJECT TO TAX \$ MULTIPLY BY TAX RATE OF 1% FOR GROSS TAX OF \$
11. LESS EXPECTED TAX CREDITS \$
12. NET TAX DUE (LINE 10 LESS LINE 11) \$
A. PRIOR YEAR OVERPAYMENT \$
B. BALANCE OF ESTIMATE TAX DUE FOR (LINE 12 LESS 12A) \$
13. AMOUNT PAID WITH THIS DECLARATION (NOT LESS THAN 1/4 OF LINE 12B) \$
14. TOTAL THIS PAYMENT (LINE 8B PLUS LINE 13) \$

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. MAY WE DISCUSS THIS RETURN WITH YOUR PREPARER YES NO

Signature of Person Preparing If Other Than Taxpayer Date

Signature of Taxpayer Date

Address Telephone Number

Signature of Taxpayer Date

SCHEDULE OF INCOME FROM OTHER THAN WAGES

RETURNS WILL NOT BE ACCEPTED WITHOUT COPIES OF FEDERAL SCHEDULES C AND E, FORMS 1120, 1120S, FORM 1065 WHEN APPLICABLE. MUST INCLUDE ALL PAGES, SCHEDULES AND STATEMENTS.

FORM OR SCHEDULE (OTHER INCOME)	INCOME OR LOSS FROM FEDERAL SCHEDULE
1. SCHEDULE C - BUSINESS INCOME (Attach copy of form and any referenced schedules)	
2. SCHEDULE E - RENTAL INCOME (Residents enter profit/loss from all properties) Nonresidents enter only profit/loss from Mt. Gilead properties.	
3. SCHEDULE F - FARM INCOME (Attach copy of form and any referenced schedules)	
4. SCHEDULE K-1 - (Residents enter profit/loss from entities that do not pay Mt. Gilead tax on entire distributive share.) (Attach copy of K-1)	
5. TOTAL OF LINES 1 THRU 4	
6. MISCELLANEOUS INCOME - 1099 MISC, W-2G, ETC. (Attach copy of supporting document)	
7. TOTAL INCOME (LOSS)	

WORKSHEET B - SALARIES AND WAGES (W2 INCOME)

Column 1 Employer, City, State	Column 2 Income From Each W-2	Column 3 2106 Expenses Adj.	Column 4 Mt. Gilead Tax Withheld	Column 5 Other City Tax Withheld
A.				
B.				
C.				
D.				
Totals				

(A) 2106 expenses can only be used if used federally. To calculate the acceptable adjustment (Column 3), use line 10 of Form 2106 minus 2% of line 38 of Form 1040. Please include a copy of Federal Forms 2106, 1040, and Schedule A for documentation. Income reduced by this 2106 adjustment and (B) Other City Tax Withheld (Column 5) cannot exceed 1% of income from each W-2 (Column 2).

EXEMPTION CERTIFICATE (Signature is required on page 1)

I have no taxable income because of the reason indicated below:

- RETIRED - I received only pension, Social Security and/or interest or dividend income for the entire year.
- UNDER 18 for the entire year of _____. My date of birth is ___/___/____. (Attach copy of birth certificate or driver's license)
- ACTIVE MEMBER OF THE U.S. ARMED FORCES for the entire year of _____.
- NO EARNED INCOME for the entire year of _____. (Public assistance, SSI, Unemployment, etc. is not considered earned income.)

DECLARATION AND RETURN PAYMENT CALENDAR

APRIL 15
File Declaration
with 1/4 payment.

JUNE 15
Make 2nd
quarterly payment.

SEPTEMBER 15
Make 3rd
quarterly payment.

DECEMBER 15
Make 4th
quarterly payment.

APRIL 15
File return. Pay
quarterly payment.