

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

**2020**  
**MT. GILEAD INCOME TAX RETURN**  
 FILING REQUIRED EVEN IF NO TAX DUE  
 FILE ON OR BEFORE APRIL 15, 2021  
 PAYABLE TO: VILLAGE OF MT. GILEAD

FOR OFFICE USE ONLY	
DATE RECEIVED: / /	INITIAL
DATE PAID: / /	INITIAL
<input type="checkbox"/> CASH \$ _____	
<input type="checkbox"/> CHECK \$ _____	
CHECK NUMBER _____	
<input type="checkbox"/> CREDIT CARD \$ _____	
DATE POSTED:	

TAXPAYER'S NAME, ADDRESS	ACCT #	SS#
		MR.         -
		MS.         -
		TELEPHONE: HOME _____
		IF MOVED DURING THE YEAR, THIS MUST BE COMPLETED:
		MOVED IN: _____ MOVED OUT: _____

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

1. Total W-2 wages - BOX 5 OR BOX 18, WHICHEVER IS LARGER .....	\$ _____
2. Income from other than wages (page 2) .....	\$ _____
3. TOTAL WAGES - 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. CURRENT YEAR ESTIMATED TAX PAID TO THE VILLAGE OF MT. GILEAD .....	\$ _____
C. PRIOR YEAR OVERPAYMENTS .....	\$ _____
D. TOTAL CREDITS .....	\$ _____
6. BALANCE OF TAX DUE IF LINE 4 IS GREATER THAN LINE 5D .....	\$ _____
A. PENALTIES AND INTEREST	
LATE PAYMENT PENALTY 15% _____ + INTEREST _____ + LATE CHARGE _____	\$ _____
B. TOTAL AMOUNT DUE (LINE 6 PLUS 6A) .....	\$ _____
7. 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 2021**  
 (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 2021 (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 \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Signature of Taxpayer \_\_\_\_\_ Date \_\_\_\_\_  
 Signature of Taxpayer \_\_\_\_\_ Date \_\_\_\_\_