

Form R File With

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

2025

MT. GILEAD INCOME TAX RETURN

FILING REQUIRED EVEN IF NO TAX DUE
FILE ON OR BEFORE APRIL 15, 2026
PAYABLE TO: VILLAGE OF MT. GILEAD

FOR OFFICE USE ONLY

DATE RECEIVED: INITIAL

/ /

DATE PAID: INITIAL

/ /

TAXPAYER'S NAME, ADDRESS

ACCT #

SS#

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 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 - 1.25% 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 2026

(PLEASE PAY YOUR 1ST ESTIMATE WITH THIS RETURN)

10. TOTAL INCOME SUBJECT TO TAX \$ MULTIPLY BY TAX RATE OF 1.25% 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 2026 (LINE 12 LESS 12A) \$

13. AMOUNT PAID WITH THIS DECLARATION (NOT LESS THAN 1/4 OF LINE 12B) \$

14. TOTAL THIS PAYMENT (LINE 6B 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	
2.	SCHEDULE E - RENTAL INCOME (Residents enter profit/loss from all 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	
5.	TOTAL OF LINES 1 THRU 4	
6.	2025 Net losses (see instructions for limitations)	
7.	MISCELLANEOUS INCOME - 1099 MISC, W-2G, ETC. (Attach copy of supporting document)	
8.	TOTAL INCOME (LOSS) Combine lines 6 & 7 and enter amount from Line 2 on page 1.	

NET OPERATING LOSS CARRYFORWARD WORKSHEET - MUST COMPLETE IF CLAIMING CARRYFORWARD

Prior Taxable Year	COLUMN (1)	COLUMN (2)	COLUMN (3)	COLUMN (4)	COLUMN (5)
	NOL	Prior Years		Current Taxable Year	Future Taxable Year
		NOL Utilized (Income Offset)	Carryforward	Carryforward NOL Used	Carryforward
2020					
2021					
2022					
2023					
2024					
TOTALS					

Column (1) For each prior tax year for which you incurred a net operating loss (NOL), enter the dollar amount of NOL incurred.
 Column (2) Enter the portion of NOL incurred (from Column 1) which has already been utilized in taxable years prior to the current taxable year.
 Column (3) Carryforward available for current tax year. Equals Column (1) minus Column (2).
 Column (4) Enter carryforward utilized on current tax year's return.
 Column (5) Carryforward available for future tax years. Equals Column (3) minus Column (4).

TOTALS Carry Column (4) Total to Line 6 above.

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.

JANUARY 15
Make 4th
quarterly payment.

APRIL 15
File return. Pay
quarterly payment.