


2006
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, 2007

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

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.
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 2007.
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.

2007 DECLARATION AND RETURN PAYMENT CALENDAR

APRIL 15, 2007
File Declaration
with 1/4 payment.

JULY 31, 2007
Make 2nd
quarterly payment.

OCTOBER 31, 2007
Make 3rd
quarterly payment.

JANUARY 31, 2008
Make 4th
quarterly payment.

APRIL 15, 2008
File return. Pay
quarterly payment.

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

2006
MT. GILEAD INCOME TAX RETURN

FILING REQUIRED EVEN IF NO TAX DUE
 FILE ON OR BEFORE APRIL 15, 2007
 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 _____

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.

- 1. WAGES, SALARIES, TIPS AND OTHER EMPLOYEE COMPENSATION (USE BOX 5 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. 2006 ESTIMATED TAX PAID TO THE VILLAGE OF MT. GILEAD \$ _____
 - C. 1/2% OF GROSS WAGES PAID TO ANOTHER CITY \$ _____
 - 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 2007
(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 ½%)** \$ _____
- 10. NET TAX DUE (LINE 8 LESS LINE 9) \$ _____
 - A. PRIOR YEAR OVERPAYMENT \$ _____
 - B. BALANCE OF ESTIMATE TAX DUE FOR 2007 (LINE 10 LESS 10A) \$ _____
- 11. AMOUNT PAID WITH THIS DECLARATION (NOT LESS THAN ¼ 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 _____