MAIL TO:

VILLAGE OF HAMLER
INCOME TAX DEPT.
P.O. BOX 325
HAMLER, OHIO 43524

TAX OFFICE USE ONLY
Code #
Processed by
☐ CASH ☐ M.O. ☐ CHECK
$

Tax Year _____ Due Date _____

Fiscal Period from _____ through _____

NAME AND ADDRESS

Account Number _____

Federal ID Number _____

SOCIAL SECURITY NUMBERS

Yours			
Spouse			

Phone (0 -)

Indicate here if you are not required to file. ☐ Retired ☐ Unemployed ☐ Other _____

1. WAGES — If Your Only Source of Income is From Wages Complete Page 1 Only.

W-2 COPIES MUST BE ATTACHED	EMPLOYER'S NAME	WHERE EMPLOYED	CITY TAX WITHHELD	TOTAL W-2 WAGES
	TOTALS		$	$

2. OTHER TAXABLE INCOME (From Page 2) ..... $ _____
3. TOTAL INCOME (Total Lines 1 & 2) ..... $ _____
4. A. NET PROFIT FROM BUSINESS OR PROFESSION ..... $ _____
   B. INCOME FROM PARTNERSHIP, ETC., including farms ..... $ _____
5. TOTAL TAXABLE INCOME (Total Lines 3 & 4a, b) ..... $ _____
6. TAX DUE (Line 5 multiplied by tax rate) .....1.00..... $ _____
7. CREDITS: As of: 11/25/2013 Est.Payments for 2012: $0.00 Prior Yr Cr for 2012: $0.00
   A. INCOME TAX WITHHELD ..... $ _____
   B. TAXES PREPAID ON ESTIMATE ..... $ _____
   C. TAXES PAID TO ANOTHER CITY (Credit cannot exceed .50 % of income earned in another city.) ... $ _____
   D. CREDITS FROM PRIOR YEAR ..... $ _____
   E. TOTAL CREDITS (Lines a, b, c and d) ..... $ _____
8. BALANCE OF TAX DUE ..... $ _____
9. PENALTY_____ INTEREST_____ TOTAL ..... $ _____
10. BALANCE LINE 8 PLUS LINE 9 ..... $ _____

■ OVERPAYMENT TO BE ☐ REFUNDED OR ☐ CREDITED TO NEXT YEAR ..... $ _____

I declare that the information contained in this tax return has been examined by me and to the best of my knowledge and belief, is a true and complete return.

_____ (Signature of firm or person, other than taxpayer, preparing return) _____ Date

_____ (Signature of Taxpayer) _____ Date

_____ (Signature of Spouse) _____ Date

DECLARATION OF ESTIMATED TAX FOR YEAR ____

Acct. # _____

Name _____

1. Estimated income subject to municipal tax $ _____ . Multiply by tax rate 1.00 % Estimated Tax Due $ _____
2. LESS TAX TO BE WITHHELD
   a. By Employer ..... $ _____
   b. By an employer in _____ (name of city) (See Instructions) ..... $ _____
   c. Overpayment on previous year's return (Line 10) ..... $ _____
   d. Total Credits (a, b, and c) ..... $ _____
3. Balance of Estimated Tax (Line 1 minus Line 2d) ..... $ _____
4. Amount paid with this return (not less than ¼ of Line 3) ..... $ _____

■ Payment (Line 10 of Annual Return above plus Line 4 of Estimate) .....