YEAR

VILLAGE OF CARROLLTON, OHIO
INCOME TAX RETURN

File with
INCOME TAX DEPARTMENT
80 SECOND STREET, S.W.
CARROLLTON, OHIO 44615-1539
PHONE (330) 627-7529

FILE
ON OR BEFORE APRIL 15
OR
FISCAL YEAR - FILE WITHIN
105 DAYS OF END OF PERIOD.

FROM _____ TO _____

MAKE NAME OR ADDRESS CORRECTION

Retired and taxpayers with no taxable income - Check appropriate box

Taxpayer	Spouse	
☐	☐	Retired - Date Retired _____
☐	☐	Only Income from a non-taxable source - List Source _____
☐	☐	Under Age 18 - Birthdate _____
☐	☐	Active Duty Military
☐	☐	Deceased -Date _____

☐ Resident ☐ Non-Resident ☐ Past Year Resident (Pro- Rate)

Date Moved In _____

Date Moved Out _____

Soc. Sec. No. (Taxpayer)

Soc Sec. No. (Spouse)

Fed. I.D. No.

Tax Office Use ONLY

F _____
D _____
CNY _____
RR _____
Check _____
Cash _____

1. Wages, Salaries, tips and other employee compensation (ATTACH W-2'S)		$
2. Other Income from Line 25 on page 3 (schedules) of this form (see instructions)		
3. **Total Income** (Totals of Lines 1 and 2)		
4a. Items not deductible (Line Schedule)	Add	
b. Items not taxable (Line Q Schedule X)	Deduct	
c. Difference between Lines 4a, and 4b, to be added to or subtracted from Line 3		
5a. Adjusted Net Income (Line 3 plus or minus Line 4c)		
b. Amount allowable to Carrollton (If schedule Y is used_____ % of Line 5a)		
6. Amount subject to Carrollton Income Tax (Line 3, 5a, or 5b)		
7. CARROLLTON INCOME TAX - Multiply Line 6 by 1% (.01)		$
8. Credits (a) Payments on current declaration (or credit)	$	
(b) Carrollton Tax Withheld by employer(s) from line 1	$	
(c) Income Taxes paid City of _____ (Limit 1% of Gross City Wage for each W-2)	$	
(d) Total Credits Allowable		$
9a. Balance of Tax Due (Line 7 less Line 8d)		$
b. Late Payment Penalty (1½% /mo) _____ Interest (1½%/mo) _____		$
10. **TAX DUE (Pay in Full with this return if $1.00 or more)**		$
11. Overpayment Claimed ☐ Refund - (No Refunds Under $1.00) ☐ Credit to Next Year Declaration (No credit under $1.00)		$

DECLARATION OF ESTIMATED TAX FOR YEAR 20_____

1. Total estimated income subject to tax $ _____ Multiply by tax rate .01 (1%) for gross tax	$
2. Less any CITY TAX to be withheld	$
3. Balance of Carrollton Income Tax declared	$
4. Less credits: A. Overpayment on previous years return	$
B. Previous payment,if this is an amended estimate	$
5. Unpaid balance of net tax due	$
6. **QUARTERLY ESTIMATE AMOUNT** (at least 25 percent of line 5)	$

GRAND TOTAL Total of TAX (line 10) and ESTIMATED PAYMENT (line 8) ..... **PAY THIS AMOUNT** $

The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated and that the figures used herein are the same as used for Federal Income Tax purposes.

Signature of Person Preparing if Other Than Taxpayer _____ Date _____

Signature of Taxpayer or Agent _____ Date _____

Spouse _____ Date _____

TAX DEPT. COPY