

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

2019
MT. GILEAD INCOME TAX RETURN
 FILING REQUIRED EVEN IF NO TAX DUE
 FILE ON OR BEFORE APRIL 15, 2020
 PAYABLE TO: VILLAGE OF MT. GILEAD

FOR OFFICE USE ONLY	
DATE RECEIVED: / /	INITIAL
DATE PAID: / /	INITIAL

TAXPAYER'S NAME, ADDRESS	ACCT #	SS#	<input type="checkbox"/> CASH \$ _____
		MR. - -	<input type="checkbox"/> CHECK \$ _____
		MS. - -	CHECK NUMBER _____
		TELEPHONE: HOME _____	<input type="checkbox"/> CREDIT CARD \$ _____
		IF MOVED DURING THE YEAR, THIS MUST BE COMPLETED:	DATE POSTED:
		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 2020
 (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 2020 (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	Signature of Taxpayer	Date
Address	Telephone Number	Signature of Taxpayer	Date