

**INDIVIDUAL - 2018
INCOME TAX RETURN
WEST SALEM**

Due Date 04/15/2019

If name and address information is incorrect, please make changes. We are requesting a copy of W2 and Page 1 of Federal Return be attached to this return.

MAKE CHECK OR MONEY ORDER TO:
WEST SALEM VILLAGE

PO BOX 386
27 S. MAIN STREET
WEST SALEM OH 44287

Voice 419-853-4809 Fax 419-853-4158

Taxpayer's Social Security No.	
HomeTelephone No.	BusinessTelephone No.
Spouse's Social Security No.	
Spouse's Name	
HomeTelephone No.	BusinessTelephone No.
IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES INTO / / OUT OF / /	
IF YOU RENT, PLEASE GIVE LANDLORDS INFORMATION	
NAME _____	
ADDRESS _____	

Name _____

And _____

Address _____

Filing Status

Single

Married filing joint

Married filing separate

RESIDENT

NON-RESIDENT

Income

1 Wages, salaries, tips, etc. 1

2 Other taxable income 2

3 Total taxable income (add lines 1 and 2) 3

Tax and Credits

4 West Salem tax due before credits (1.000% of line 3) 4

5 Estimated tax payments made to West Salem 5

6 Taxes withheld and paid to West Salem 6

7 Overpayment from prior year(s) 7

COPY OF PAGE ONE FEDERAL RETURN REQUESTED WITH VILLAGE RETURN.

8 Total credits (add lines 5 through 7) 8

Refund (Issued if greater than \$10.00)

9 If line 8 is greater than line 4, subtract line 4 from line 8. This is the amount you overpaid 9

10 Amount of line 9 to be credited to next years estimate 10

11 Amount of line 9 to be refunded 11

Tax Due (if greater than \$10.00)

12 If line 4 is more than line 8, subtract line 8 from 4, this is the tax amount you owe 12

13 Penalties and interest **Late File** _____ **Late Pay** _____ **Late Estimate** _____ **Interest** _____ 13

Declaration of Estimate For 2019

14 Estimated income 14

15 Estimated tax due. Multiply line 14 by 1.000% 15

16 Taxes to be withheld and paid to West Salem 16

17 Prior credit applied to estimated tax payments (From line 10) 17

18 Net estimated tax due (subtract line 16 and 17 from 15) 18

19 Minimum amount due for first quarter (multiply line 18 by 25%) 19

Amount You Owe

20 Total amount due (add lines 12, 13 and 19) 20

DUE ON OR BEFORE APRIL 15, 2019.

Tax Office Use Only : Tax Office Use Only : Tax Office Use Only

Taxpayer's Signature Date

Spouse's Signature Date

Tax Preparer's Signature Date

(If other than taxpayer) Phone No. _____

May VILLAGE OF WEST SALEM discuss this return with the preparer shown above ___Yes ___No