

**INDIVIDUAL - 2018  
INCOME TAX RETURN  
WILLARD**  
**Due Date 04/15/2019**  
**NO E-FILING AT THIS TIME. PLEASE  
ATTACH YOUR W2'S, 1099'S, FORM 1040  
& SCHEDULES**

**MAKE CHECK OR MONEY ORDER TO:**  
CITY OF WILLARD INCOME TAX DEPT  
  
631 MYRTLE AVE  
P O BOX 367  
WILLARD OH 44890  
  
Voice 419-933-7808 Fax 419-933-4545  
kbyrne@willardohio.us

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 Willard tax due before credits (1.375% of line 3) 4 \_\_\_\_\_

5 Estimated tax payments made to Willard 5 \_\_\_\_\_

6 Taxes withheld and paid to Willard 6 \_\_\_\_\_

7 Overpayment from prior year(s) 7 \_\_\_\_\_

8 Taxes withheld and paid to other localities 8 \_\_\_\_\_

Credit cannot exceed 100% of tax withheld up to 1.375% of income earned in each location.

9 Total credits (add lines 5 through 8) 9 \_\_\_\_\_

**Refund** ( Issued if greater than 10.00 )

10 If line 9 is greater than line 4, subtract line 4 from line 9. This is the amount you overpaid 10 \_\_\_\_\_

11 Amount of line 10 to be credited to next years estimate 11 \_\_\_\_\_

12 Amount of line 10 to be refunded 12 \_\_\_\_\_

**Tax Due** ( if greater than 10.00 )

13 If line 4 is more than line 9, subtract line 9 from 4, this is the tax amount you owe 13 \_\_\_\_\_

14 Penalties and interest **Late File** \_\_\_\_\_ **Late Pay** \_\_\_\_\_ **Late Estimate** \_\_\_\_\_ **Interest** \_\_\_\_\_ 14 \_\_\_\_\_

**Declaration of Estimate For 2019**

15 Estimated income 15 \_\_\_\_\_

16 Estimated tax due. Multiply line 15 by 1.375% 16 \_\_\_\_\_

17 Taxes to be withheld and paid to Willard and other localities 17 \_\_\_\_\_

18 Prior credit applied to estimated tax payments (From line 11) 18 \_\_\_\_\_

19 Net estimated tax due (subtract line 17 and 18 from 16) 19 \_\_\_\_\_

20 Minimum amount due for first quarter (multiply line 19 by .25) 20 \_\_\_\_\_

**Amount You Owe**

21 Total amount due (add lines 13, 14 and 20) 21 \_\_\_\_\_

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

By signing this return, I declare 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.

\_\_\_\_\_  
Taxpayer's Signature Date \_\_\_\_\_

\_\_\_\_\_  
Spouse's Signature Date \_\_\_\_\_

\_\_\_\_\_  
Tax Preparer's Signature Date \_\_\_\_\_  
(If other than taxpayer) Phone No. \_\_\_\_\_

May CITY OF WILLARD discuss this return with the preparer shown above \_\_\_Yes \_\_\_No