

**INDIVIDUAL - 2019
INCOME TAX RETURN
WILLARD**
Due Date 04/15/2020
**NO E-FILING AT THIS TIME. PLEASE
ATTACH ANY 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. |
| Filing Status <input type="checkbox"/> Single <input type="checkbox"/> Married filing joint <input type="checkbox"/> Married filing separate | |
| <input type="checkbox"/> RESIDENT <input type="checkbox"/> NON-RESIDENT | |
| IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES INTO / / OUT OF / / | |
| IF YOU RENT, PLEASE GIVE LANDLORDS INFORMATION NAME _____ ADDRESS _____ | |

Name _____
And _____
Address _____

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 _____
Cannot exceed 100% of tax withheld up to 1.375% earned in each location.(Residents Only)

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 2020

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