

**BUSINESS - 2018
INCOME TAX RETURN
WILLARD**

Fiscal Period _____ to _____

ATTACH SCHEDULES WITH RETURN

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

Federal ID#
Business Telephone No.
Principal Business Activity NAICS Code
IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES
INTO / / OUT OF / /
CHECK ONE
<input type="checkbox"/> CORPORATION <input type="checkbox"/> ESTATE
<input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> TRUST
<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> FIDUCIARY
<input type="checkbox"/> S-CORPORATION
<input type="checkbox"/> OTHER _____

Name _____

And _____

Address _____

1 Total taxable income	1		
2 Adjustments (See Schedule X)	2		
3 Taxable income before allocation (Line 1 plus/minus lines 2)	3		
4 Allocation percentage (See Schedule Y)	4		%
5 Adjusted Net Income (Multiply line 3 by line 4)	5		
6 Allocable Net Loss Carry Forward	6		
7 Willard Taxable income (Line 5 minus Line 6)	7		
8 Willard income tax (Multiply line 7 by 1.375%)	8		
9 Credits applied from previous year(s) to this year's liability	9		
10 Estimates paid on this year's liability	10		
11 Other credits	11		
12 Total credits (Total line 9, 10 and 11)		12	
13 Tax due (If line 8 is greater than line 12, subtract line 12 from line 8) If greater than 10.00		13	
14 Penalty	14		
15 Interest	15		
16 Total due (Total line 13, 14 and 15)		16	
17 Overpayment (Issued if greater than 10.00)		17	
18 Amount to be refunded	18		
19 Amount to be credited to next year	19		

Declaration of Estimate For 2019

20 Total estimated income subject to tax	20		
21 Estimated tax due. (Multiply line 20 by 1.375%)		21	
22 Less credits (from 19 above)		22	
23 Net estimated tax due (subtract line 22 from line 21)	23		
24 Minimum amount due for first quarter (Multiply line 23 by .25)		24	

Amount You Owe

25 Total amount due (add lines 16 and 24)	25	
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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

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