

**INDIVIDUAL - 2020
INCOME TAX RETURN
WILLARD**
Due Date 04/15/2021
**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.
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 _____
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 2021

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