

**VILLAGE OF MCCONNELLSVILLE
INCOME TAX RETURN**

Tax Year _____

FILE WITH:
McConnelsville Income Tax Department
9 West Main Street
McConnelsville, OH 43756
Ph. 740-962-3163 - Fax 740-962-6127

Mandatory Filing for Residents

Part Year Resident

Dates from _____ to _____

MAKE CHECK OR MONEY ORDER
PAYABLE TO:
**VILLAGE OF
MCCONNELLSVILLE**

DUE ON OR BEFORE APRIL 15

IF NAME OR ADDRESS IS INCORRECT MAKE NECESSARY CHANGES

YOUR SOCIAL SECURITY NO.	_____	_____	_____
SPOUSE'S SOCIAL SECURITY NO.	_____	_____	_____
FEDERAL ID NO.	_____		

Tax Office Use Only

NOTE: Anyone receiving a pre-printed form is on active status and WILL need to file a return.

CHECK HERE IF YOU ARE NOT REQUIRED TO FILE THIS RETURN(Complete Section E on page 2)

INCOME	1. TOTAL GROSS WAGES, SALARIES, TIPS & OTHER COMPENSATION (Attach W-2's and/or 1099's).....	\$ _____
	2. OTHER TAXABLE INCOME	
	A. Net Profit from Rentals (Complete Section A, page 2).....	\$ _____
	B. Business Profit or Loss(Complete Section B, page 2).....	\$ _____
	C. Total other taxable income.....	\$ _____
	Note:Losses cannot offset wages/W2-income or be used against other net profits	
	3. Total income subject to McConnelsville Income Tax.....	\$ _____
TAX	4. McConnelsville Tax Due - 1% of line 3.....	\$ _____
	5. CREDITS	
	A. McConnelsville Income Tax Withheld by Employers.....	\$ _____
	B. Income Tax Paid to Other Cities(50% of tax paid or 50% of tax due per W2, whichever is less).....	\$ _____
	C. Estimated Tax paid to McConnelsville.....	\$ _____
	D. Prior years overpayments.....	\$ _____
	E. Total Credits (Add lines 5A thru 5D).....	\$ _____
	6. Balance Tax Due (Subtract line 5F from line 4).....	\$ _____
BALANCE	7. Returns Filed After April 15, or Extension not requested are subject to:	
	Penalty (See Section D, page 2).....	\$ _____
	Interest 2% per month past due.....	\$ _____
	Late Filing Fee or penalty for failure to file an extension - \$25.00.....	\$ _____
	8. Amount Due Before Estimated Taxes PAYMENT TO ACCOMPANY RETURN IF \$1 OR MORE	\$ _____

9. Overpayment to be Refunded _____ Or Credited _____ to Next Years Estimate.
(If requesting refund must be \$1 or more, if due to being under the age of 18, proof of birthdate must be submitted with form.)

DECLARATION OF ESTIMATED TAX FOR YEAR _____ (DUE APRIL 15 WITH FIRST QUARTER PAYMENT)

Voucher 1	Must Be Filed if not withheld by Employer, or Self-Employed	Voucher 1
	1. Income subject to tax _____ Times tax rate of 1% for gross tax of.....	\$ _____
	2. Less Expected Tax Credits:	
DUE APRIL 15	A. Tax withheld by employer.....	\$ _____
	B. Income Tax Paid to Other Cities (50% of tax paid or 50% of tax due, whichever is less).....	\$ _____
NO EXTENSION ALLOWED	C. Overpayment from prior years.....	\$ _____
	D. Total Credits (Add lines 2A, B & C).....	\$ _____
	3. Net Tax Due (line 1 less line 2D).....	\$ _____
	4. Amount due with this declaration (1/4 of line 3).....	\$ _____

Total Amount Due				\$ _____
	Balance Due	First Quarter Payment	Total Due	

I CERTIFY THAT I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT, AND COMPLETE. IF PREPARED BY PERSON OTHER THAN TAXPAYER, THE DECLARATION IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE.

Preparer (please print) _____ Date _____

Address _____

Phone Number _____

Signature of Taxpayer _____ Date _____

Signature of Spouse (if joint filing) _____ Date _____

Phone Number _____