

**VILLAGE OF MCCONNELLSVILLE  
INCOME TAX RETURN**

Tax Year \_\_\_\_\_

**Mandatory Filing for Residents**

Part Year Resident

Dates from \_\_\_\_\_ to \_\_\_\_\_

**DUE ON OR BEFORE APRIL 15**

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

Tax Office Use Only

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

IF NAME OR ADDRESS IS INCORRECT MAKE NECESSARY CHANGES

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

**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)**

<b>INCOME</b>	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 McConnellsville Income Tax.....	\$ _____
<b>TAX</b>	4. McConnellsville Tax Due - 1% of line 3.....	\$ _____
	5. CREDITS	
	A. McConnellsville 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 McConnellsville.....	\$ _____
	D. Prior years overpayments.....	\$ _____
	E. Total Credits (Add lines 5A thru 5D).....	\$ _____
	6. Balance Tax Due (Subtract line 5F from line 4).....	\$ _____
<b>BALANCE</b>	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 <b>PAYMENT TO ACCOMPANY RETURN IF \$1 OR MORE</b> .....	\$ _____

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)**

<b>Voucher 1</b>	<b>Must Be Filed if not withheld by Employer, or Self-Employed</b>	<b>Voucher 1</b>
	1. Income subject to tax _____ Times tax rate of 1% for gross tax of.....	\$ _____
	2. Less Expected Tax Credits:	
<b>DUE APRIL 15</b>	A. Tax withheld by employer.....	\$ _____
	B. Income Tax Paid to Other Cities (50% of tax paid or 50% of tax due, whichever is less).....	\$ _____
<b>NO EXTENSION ALLOWED</b>	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).....	\$ _____

<b>Total Amount Due</b>				\$ _____
	<b>Balance Due</b>	<b>First Quarter Payment</b>	<b>Total Due</b>	

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 \_\_\_\_\_