FORM FR 1124

INDIVIDUAL -INCOME TAX RETURN MAKE CHECK OR MONEY ORDER TO: Taxpayer's Social VILLAGE OF MT. ORAB Security No. MT. ORAB HomeTelephone No. BusinessTelephone No **Due Date 04/15/** FILING REQUIRED EVEN IF NO TAX IS DUE Spouse's Social INSTRUCTION ON BACK OF FORM Security No. **INCLUDE COPIES OF ALL W-2 FORMS** Spouse's Web: www.mtoraboh.us/incometax.htm Voice 937-444-2945 Fax 937-444-9241 HomeTelephone No. BusinessTelephone No. mtorabtax@mtoraboh.us IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES Filing Status Name RESIDENT ☐ Single INTO ■ Married filing joint NON-RESIDENT And ■ Married filing separate OUT OF IF YOU RENT. PLEASE GIVE LANDLORDS INFORMATION Address NAME ADDRESS_ Income 1 Wages, salaries, tips,etc. 2 Other taxable income 3 Total taxable income (add lines 1 and 2) 3 Tax and Credits 4 Mt. Orab tax due before credits (1.000% of line 3) 5 Estimated tax payments made to Mt. Orab 6 Taxes withheld and paid to Mt. Orab 7 Overpayment from prior year(s) 8 Taxes withheld and paid to other localities SEE INSTRUCTIONS FOR LINE 8 ON PAGE 2 9 Total credits (add lines 5 through 8) Refund (Issued if greater than 5.00) 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 5.00) 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 **Declaration of Estimate For** 15 Estimated income 15 16 Estimated tax due. Multiply line 15 by 1.000% 16 17 Taxes to be withheld and paid to Mt. Orab 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) Tax Office Use Only: Tax Office Use Only: Tax Office Use Only I (we) certify that I have examined this return and any accompanying schedules and to the best of my knowlege it is correct, and CREDIT CARD INFORMATION FOR PAYMENT Taxpayer's Signature Date ACCOUNT NUMBER Spouse's Signature Date MasterCard SECURITY PIN CARD EXPIRATION

Phone No. _

Tax Preparer's Signature

(If other than taxpayer)

Date

AMOUNT

| | MT. ORAB INCOME TAX RETU | JRN - | Page 2 | | | |
|--|--|---|------------------|--|--|--|
| 22 | Taxable Income Not Reported on a W-2 Form | (Attach copy of Federal Tax Document) | | | | |
| 23 | Net Profit (Loss) from Business or Profession | . (Attach copy of Federal Tax Schedule) | | | | |
| 24 | Net Profit (Loss) from Rental Property | | | | | |
| 25 | Businesses Loss Total from Previous Year(s) | | | | | |
| 26 | Nontaxable Income (Identify Source - Provide appropriate Federal Tax Fo | | | | | |
| 20 | 7 Nontanable medile (Identity Source - Frovide appropriate Federal Fax Forms) | | | | | |
| | | | | | | |
| 27 | Total (Add Lines 22 to 26) | Enter total on Line 2 of Page 1 | | | | |
| | Note: Losses for businesses and rental activities cannot be used to red | uce taxable wages. | | | | |
| m 11 | INSTRUCTIONS | | 1 0 | | | |
| | income is all wages, salaries and other compensation paid to an individual | | | | | |
| | scept Section 125 deductions), the net profits from any business or profession | | - | | | |
| | s inside Mt. Orab and/or the net profits from the rental of real estate propert dditional instructions and forms can be obtained at: | | | | | |
| Incom | | | | | | |
| Line 1 | Add Total Taxable Wages from all W-2 and 1099-Misc forms and enter to | | | | | |
| | or Box 1 from each W-2 form whichever amount is larger. <u>Income received</u> | | - | | | |
| | or similar non-employment income is not subject to the Mt. Orab Income | | | | | |
| Line 2 | Enter the additional net taxable income from Line 27, Page 2. Note: Loss | | | | | |
| Line 2 | taxable wages reported on W-2 forms, but can be used to offset other busin Add amounts on Line 1 and Line 2 and enter on Line 3. | less forms of carried forward up to three (3 | <u>s) years.</u> | | | |
| Line 3 | d Credits | | | | | |
| Line 4 | Multiply amount on Line 3 times tax rate of 1% (.01) and enter amount on | Line 4 | | | | |
| Line 5 | Enter the amount of estimated tax paid directly to Mt. Orab during for your tax liability. Do not include any payments | | | | | |
| | made in that were for the balance due for | - , | -5 [] | | | |
| Line 6 | | | | | | |
| | form indicates Mt. Orab, enter the total amount indicated in Box 19 from each appropriate W-2 form. | | | | | |
| Line 7 | Indicate any overpayment from your tax return that was credited to | | | | | |
| Line 8 | Enter the Maximum Credit allowed for local tax paid to another city or village in To calculate the credit, multiply the taxable | | | | | |
| | wages subject to another city/village from each W-2 form (Box 18) by 1% (.01) then enter the smaller amount from the actual | | | | | |
| | | TAXES PAID TO ANOTHER CITY ARE N | OT REFUNDABLE. | | | |
| | Add the amounts in Lines 5 through 8 and enter on Line 9. | | | | | |
| | d/Credit | 4.C. T. 0. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | | | | |
| | If the amount on Line 9 is larger than the amount on Line 4, subtract Line | | Line 10. | | | |
| | Enter the amount from Line 10 (if any) that is to be credited towards your Enter the amount from Line 10 (if any) that is to be refunded. REFUNDS | tax liability. | ICCUED | | | |
| Tax Du | • • • • · · · · · · · · · · · · · · · · | OF LESS THAN \$5.00 WILL NOT BE | ISSUED. | | | |
| | If the amount on Line 4 is larger than the amount on Line 9, subtract Line | 9 from Line 4 and enter the amount due on | Line 13 | | | |
| | Enter the amount of Penalties for Late File, Late Pay Late Estimate and Int | | | | | |
| | ation of Estimate (If after subtracting Lines and from Line 4 | <u> </u> | | | | |
| Line 15 Estimate the amount of total income expected in (Use amount indicated in Box 5 from all W-2 forms.) | | | | | | |
| Line 16 Multiply amount indicated on Line 15 by tax rate of 1% (.01) and enter on Line 16. | | | | | | |
| Line 17 Enter estimated amount of taxes to be withheld for Mt. Orab or for another city or village up to 1% (.01) of wages per W-2 form. | | | | | | |
| Line 18 Enter the amount indicated on Line 11 that is to be applied to your tax liability. | | | | | | |
| Line 19 Subtract the amount from Line 17 and Line 18 from amount indicated on Line 16. | | | | | | |
| Line 20 Multiple the amount on Line 19 by 25% (.25). | | | | | | |
| Amour | nt You Owe | | | | | |

Line 21 Add amounts on Line 13, Line 14 and Line 20 and enter on Line 21. Make check payable to: Village of Mt. Orab

NOTE: UNLESS ACCOMPANIED WITH PAYMENT OF ANY TAX DUE (LINE 21) A RETURN IS NOT CONSIDERED FINAL

| TAX PAYMENT SCHEDULE | | | | | | | |
|----------------------|-----------------|-----------------|-----------------|-----------------|--|--|--|
| ON OR BEFORE | ON OR BEFORE | ON OR BEFORE | ON OR BEFORE | ON OR BEFORE | | | |
| 4/15/ | 7/31/ | 10/31/ | 1/31/ | 4/15/ | | | |
| FILE TAX RETURN | PAY 2ND QUARTER | PAY 3RD QUARTER | PAY 4TH QUARTER | FILE TAX RETURN | | | |
| PAY TAX DUE | ESTIMATED TAX | ESTIMATED TAX | ESTIMATED TAX | PAY TAX DUE | | | |