Village of Anna
Department of Taxation
209 W. Main Street
P.O. Box 140
Anna, Ohio 45302

2016

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FEDERAL ID / IRS # _____

Residency Status: ☐ Resident ☐ Non Resident ☐ Part Year Resident

NAME AND ADDRESS: (Filing Required Even if No Tax Due)

IF YOU MOVED DURING THE YEAR YOU MUST COMPLETE THE FOLLOWING:

DATE MOVED IN: _____ DATE MOVED OUT: _____

PRESENT ADDRESS: _____

PREVIOUS ADDRESS: _____

Due by : 04/15/2017

A

I AM NOT REQUIRED TO COMPLETE SECTION B OF THIS TAX RETURN BECAUSE: (SEE INSTRUCTIONS FOR NON TAXABLE INCOME)

☐ UNDER 17 YEARS OF AGE
☐ LIST DATE OF BIRTH _____
☐ TOTAL/PERMANET DISABILITY
☐ ONLY INCOME IS FROM NON TAXABLE SOURCE, LIST SOURCE _____
☐ MOVED OUT PRIOR TO 1/1/16, LIST DATE OF MOVE _____
☐ TAXPAYER DECEASED, LIST DATE OF DEATH _____

B

1. REQUIRED ATTACHMENTS: ALL W-2's, FRONT PAGE OF FORM 1040, ALL REFERENCED SCHEDULES.

Employer's Name	City Where Employed	Resident Tax Withheld	Other City Tax W/H Box 19 & 20 of W2	Medicare Wages Box 5 of W-2
	$	$	$	$
	TOTAL	1a.	1b.	1c.

IF NO OTHER INCOME COMPUTE YOUR TAX ON LINE 3

2. Other Taxable Income (Worksheet 1 on back) ..... 2 _____
3. Total Taxable Income (Column 1c plus Line 2) ..... 3 _____
4. Municipal Tax Due: (1.75% x Line 3) ..... 4 _____
5. Credits
   (a) Resident Tax Withheld (Column 1a above)..... a _____
   (b) Other City Tax Withheld (Column 1b above, can't exceed municipal tax rate)..... b _____
   (c) Estimated Tax Paid ..... c _____
   (d) Credit From Prior Years ..... d _____
   (e) TOTAL CREIDTS ..... 5e _____
6. Tax Due (subtract Line 5e from Line 4)..... 6 _____
7. Penalty, Interest & Late Filing Fee
   (a) Penalty (15%) if past due ..... a _____
   (b) Interest (5% per month) if past due ..... b _____
   (c) Late Filing Fee ($25.00 per month up to $150.00) if past April 18 ..... c _____
   (d) TOTAL PENALTY, INTEREST, & LATE FILING FEE..... 7d _____
8. TOTAL AMOUNT DUE (Line 6 plus line 7D, Make check payable to VILLAGE OF ANNA) ..... 8 _____
   NOTE: Refund or tax due of less than $10.00 not payable.
9. Overpayment _____ ☐ refund ☐ credit to next year declaration

DECLARATION OF ESTIMATED TAX FOR YEAR 2017

10. Total estimated tax for 2017 ..... 10 $ _____
11. Less Credits (Including prior year credit from line 9 above)..... 11 $ _____
12. Net Taxes Owed ..... 12 $ _____
13. Amount paid with this declaration (1/4 of line 12) ..... 13 $ _____

The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated.If this return was prepared by a tax professional, may we contact them directly? ☐ Yes ☐ No

Signature _____ Date _____ Tax Preparer _____ Date _____

Signature _____ Date _____ Telephone _____

TAX OFFICE USE ONLY
☐ Cash ☐ CC
☐ Check # _____
☐ Add copy to taxpayer
Amount : _____