

Village of Anna
 Department of Taxation
 209 W. Main Street
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 Anna, Ohio 45302

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2016

SOCIAL SECURITY NO. (TAXPAYER): _____
 SOCIAL SECURITY NO. (SPOUSE): _____
 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: _____

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 ONLY INCOME IS FROM NON TAXABLE SOURCE, LIST SOURCE _____
 LIST DATE OF BIRTH _____ MOVED OUT PRIOR TO 1/1/17, LIST DATE OF MOVE _____
 TOTAL/PERMANENT DISABILITY 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 CREDITS 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: _____