

**2023**

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: \_\_\_\_\_

Acct # 01-000000 Due by : April 15 2024  
**Attach All W2's, 1099G's, Federal Schedules, and  
 Federal 1040 (Front Sheet)**

**A** I AM NOT REQUIRED TO COMPLETE SECTION B OF THIS TAX RETURN BECAUSE: (SEE INSTRUCTIONS FOR NON TAXABLE INCOME)  
 UNDER 18 YEARS OF AGE  ONLY INCOME IS FROM NON TAXABLE SOURCE, LIST SOURCE \_\_\_\_\_  
 LIST DATE OF BIRTH \_\_\_\_\_  MOVED OUT PRIOR TO 1/1/23 , 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	Other City Tax W/H	Medicare Wages
		Tax Withheld	Box 19 & 20 of W2	Box 5 of W-2
		\$	\$	\$

IF NO OTHER INCOME COMPUTE YOUR TAX ON LINE 3

	<b>TOTAL</b>	1a.	1b.	1c.
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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 2024**

10. Total estimated tax ..... 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 : \_\_\_\_\_