

Village of Anna
Department of Taxation
209 W Main St.
P.O. Box 140
Anna OH 45302

FORM B
2023

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CALENDAR YEAR TAXPAYERS FILE ON OR BEFORE APRIL 15TH
FISCAL AND PARTIAL YEARS FILE BY THE 15TH DAY OF THE 4TH MONTH FOLLOWING THE END OF THE PERIOD

FEDERAL IDENTIFICATION NUMBER: _____ SOCIAL SECURITY NO. _____

NAME AND ADDRESS:

BUSINESS RETURN

ATTACH COPIES OF ALL FEDERAL FORMS AND SCHEDULES

- 1. Income other than wages from Schedule Z\$ _____
- 2. Adjustment from Schedule X line C\$ _____
- 3. a. Net amount subject of income tax: total of lines 1 and 2\$ _____
b. Amount allocable if Schedule Y is used (_____ % of line 3a).....\$ _____
- 4. Allowable loss from Schedule W\$ _____
- 5. Total taxable income \$ _____
- 6. Municipal Tax Due: (1.75%).....\$ _____
- 7. Credits (A) Credit – carry forward from previous year\$ _____
(B) Payments on current declaration\$ _____
© Total Credits\$ _____
- 8. a. Balance of tax due (Line 6 minus Line 7C)\$ _____
b. Penalty _____ interest _____ Late Filing fee _____ \$ _____
- 9. Amount payable with this return (payment must accompany this form).....**PAY THIS AMOUNT** \$ _____
- 10. Over Payment _____ refund _____ credit to next year Declaration _____

DECLARATION OF ESTIMATED TAX FOR CALENDAR YEAR _____ TO _____

Computation of Estimated Tax

- 11. Estimated taxable income for year \$ _____
- 12. Estimated tax due \$ _____
- 13. Less: Tax to be withheld and/or paid to another city \$ _____
- 14. Balance of estimated city income tax due \$ _____
- 15. Credits: Overpayments claimed on previous year's return (_____)
- 16. Net tax due (line 14 less line 15)..... \$ _____
- 17. Amount of tax payment enclosed with this return (Attach check for at least 22.5% of estimated
And 100 % of line 9).....\$ _____

The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated.

Signature of Taxpayer or Agent

Date

Signature of Paid Preparer

Title

Street Address of Firm or Employer Date

City

State

Telephone