

FILE WITH AND MAKE CHECK PAYABLE TO:

City of Van Wert  
Income Tax Department  
515 E Main St  
Van Wert, OH 45891  
419-238-6020

**DUE ON OR BEFORE: APRIL 15<sup>TH</sup> each year**  
(or Federal Revised due date)

## CITY OF VAN WERT

### INCOME TAX RETURN

**FILING REQUIRED EVEN IF NO TAX IS DUE**

FOR THE CALENDAR YEAR: **2018**

OR FISCAL PERIOD

TO

Office Use Only:

IF MOVED SINCE THE PREVIOUS FINAL RETURN WAS DUE, GIVE DATE:  
INTO CITY \_\_\_\_\_ OR OUT OF \_\_\_\_\_

#### TAXPAYER'S INFORMATION:

Name \_\_\_\_\_ SSN \_\_\_\_\_

Joint Filer (if applicable) \_\_\_\_\_ SSN \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Joint Filer Phone \_\_\_\_\_

Will you have taxable income next year? ☐ Yes ☐ No

If No, Explain: \_\_\_\_\_

Name and Address of Landlord (if applicable):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTE: PAGE 2 ON THE BACK OF THIS FORM MUST BE COMPLETED IF YOU HAVE TAXABLE RENTAL PROPERTY OR BUSINESS INCOME.

**IF YOU HAVE RETIREMENT OR UNEMPLOYMENT INCOME ONLY, PLEASE CHECK HERE ☐, THEN SIGN, DATE AND RETURN.**

1. GROSS WAGES, SALARIES, LOTTERY/GAMBLING WINNINGS (MUST Attach FEDERAL 1040 Page 1 & ALL W-2s)..... 1. \_\_\_\_\_
2. OTHER TAXABLE INCOME: From FEDERAL SCHEDULE C, E, F, K-1, 1099-MISC (See Worksheet A, Line 6)..... 2. \_\_\_\_\_  
ATTACH COPIES OF ALL FEDERAL SCHEDULES ~ (Interest / Retirement Income, Unemployment & 3rd Party Sick Pay are NOT taxable)
3. ADJUSTMENTS: From Schedule X on Page 2..... 3. \_\_\_\_\_
4. TOTAL TAXABLE INCOME: ADD Lines 1, 2 & 3 (Losses on Line 2 may **NOT** be used to offset W-2 Income from Line 1)..... 4. \_\_\_\_\_
5. MUNICIPAL TAX: MULTIPLY Line 4 by CITY of VAN WERT TAX RATE of **1.72%** (.01720)..... 5. \_\_\_\_\_
6. CREDITS: (Van Wert City SCHOOL DISTRICT taxes are **NOT** Credits – they may appear as 8104 VW, SD 8104, etc. on your W-2)  
6a. VAN WERT CITY TAX WITHHELD by EMPLOYER (see box 19 of W-2 / Van Wert, VW, VanW, etc.) 6a. \_\_\_\_\_  
6b. ESTIMATED TAX PAID (Quarterly payments made by you per State of Ohio House Bill 5)... 6b. \_\_\_\_\_  
6c. OTHER OHIO Municipal/Village tax Withheld by Employer – at **50% CREDIT** (attach proof)... 6c. \_\_\_\_\_  
6d. CREDIT CARRY OVER from previous year return (if over \$10.00)..... 6d. \_\_\_\_\_  
6e. TOTAL CREDITS: Add Lines 6a, 6b, 6c and 6d..... 6e. \_\_\_\_\_
7. TAX DUE: Line 5 MINUS Line 6e (PAYMENT OF BALANCE MUST ACCOMPANY THIS RETURN) ..... 7. \_\_\_\_\_
8. PENALTY, INTEREST and FEES: (Waived **ONLY IF** Return is filed **by due date & ALL** Estimated Payments made **in full & on time**)  
8a. UNDERPAYMENT of ESTIMATED TAX: Penalty \$ \_\_\_\_\_ PLUS Interest \$ \_\_\_\_\_ = 8a. \_\_\_\_\_  
8b. LATE FILING FEE (\$25.00 PER Month after April 15<sup>th</sup>, Up to \$150.00 Max – House Bill 5)... 8b. \_\_\_\_\_  
8c. INTEREST on Extension (Extension of time to file does **NOT** waive the estimated tax requirement) 8c. \_\_\_\_\_  
8d. TOTAL PENALTY, INTEREST and FEES: Add Lines 8a, 8b and 8c..... 8d. \_\_\_\_\_
9. TOTAL TAX, PENALTY, INTEREST & FEES DUE: Add Line 7 and 8d AMOUNT OF \$10.00 OR LESS IS NOT PAYABLE, REFUNDABLE OR CONSIDERED CREDIT TO NEXT YEAR 9. \_\_\_\_\_
10. OVERPAYMENT REFUNDED \$ \_\_\_\_\_ OR CREDITED TO NEXT YEAR \$ \_\_\_\_\_

#### DECLARATION OF ESTIMATED TAX (REQUIRED IF TAX DUE IS / OR WILL BE OVER \$200.00)

10. INCOME SUBJECT TO TAX \$ \_\_\_\_\_ TIMES VAN WERT TAX RATE OF 1.72% FOR GROSS TAX OF..... 10. \_\_\_\_\_
11. LESS EXPECTED TAX CREDITS:  
A. VAN WERT TAX WITHHELD BY EMPLOYER..... A. \_\_\_\_\_  
B. OTHER OHIO Municipality / Village tax withheld – at 50% CREDIT..... B. \_\_\_\_\_  
C. TOTAL CREDITS: Add lines 11A and 11B..... 11. \_\_\_\_\_
12. NET TAX DUE: Line 10 MINUS Line 11C..... 12. \_\_\_\_\_  
A. CREDIT CARRY OVER from previous year return (if over \$10.00)..... A. \_\_\_\_\_
13. AMOUNT PAID WITH THIS DECLARATION: 1/4 of Line 12 MINUS Line 12A..... 13. \_\_\_\_\_
14. BALANCE OF ESTIMATED TAX: Line 12 MINUS Line 12A and Line 13..... 14. \_\_\_\_\_

**TOTAL AMOUNT DUE ON  
OR BEFORE APRIL 15<sup>TH</sup>**

\$ \_\_\_\_\_ (Line 9) Plus \$ \_\_\_\_\_ (Line 13) =

The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated and that the figures used herein are the same as used for Federal Income Tax purposes. (All appropriate Forms & Schedules **MUST** be attached for this Return to be deemed **"FILED"** by the City of Van Wert)

SIGNATURE OF PREPARER \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF TAXPAYER \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

SIGNATURE OF JOINT FILER (if applicable) \_\_\_\_\_ DATE \_\_\_\_\_

DO YOU AUTHORIZE YOUR PREPARER TO CONTACT US REGARDING THIS RETURN? (Please check box and initial) ☐ Yes ☐ No Initial(s): \_\_\_\_\_

**MUST RETURN ORIGINAL DOCUMENT WITH SIGNATURE AND DATE TO THE VAN WERT CITY INCOME TAX OFFICE.**