

2015

Due by April 18, 2016

FILING IS REQUIRED EVEN IF NO TAXES ARE DUE

Village of Monroeville Individual Income Tax Return

Income Tax department

P.O. Box 496

Monroeville, OH 44847-0496

Telephone: (419) 465-4443

For Calendar year ending December 31, 2015 or for the fiscal year From _____, 20____ through _____, 20____

FOR TAX OFFICE USE

Date Entered _____

Refund Amount \$ _____

Check Number _____

Name:
Address:
City:

Social Security Number(s):
Yours _____ - _____ - _____
Spouse's _____ - _____ - _____
Are you a resident? Yes ___ No ___

Section A – Enter Total Salaries, Wages and Other Compensation ** COPIES OF ALL W-2 FORMS MUST BE ATTACHED**

Table with 5 columns: 1 NAME OF EMPLOYER, 2 City Where Employed, 3 Monroeville Tax Withheld, 4 Other City Tax Withheld not to Exceed 1%, 5 Qualifying Wages (Box 5 of W-2). Includes a TOTALS row.

CHECK BOX FOR EACH ATTACHMENT
W-2
1040
C
4797
E
F
2106
A
K-1
1065
1099
MISC.
OTHER CITY TAX RETURN

1. Total of qualifying wages (Total of Column 5, Section A)
2. Form 2106 Expenses (from Page 2 Worksheet)
3. Individual income/losses other than wages (attach Fed. Schedule C, E, F, 1099 Misc, K-1)
4. Net income Subject to Monroeville City Income Tax (Balance of lines 1 through 3)
5. Monroeville Income Tax – 1% of Line 4
6. Paid on Monroeville Income Tax:
A. Monroeville Tax Withheld From Wages (Total Column 3)
B. Paid on declaration Including Prior Year Credit
C. Paid to another city (Total Cannot Exceed 1% Gross Wages in Other City (Total col.4))
7. Total Credits (Add Lines 6 A, B and C)
8. Balance Due (Subtract Line 7 from Line 5)
9. If Line 7 is Greater Than Line 5, Enter Overpayment Here (No refund if less than \$1.00)

Use X to indicate whether overpayment is to be refunded [] or applied against next year's declaration []

2016 Declaration of Estimated Monroeville Income Tax

Table with 3 columns for 2016 Declaration of Estimated Monroeville Income Tax. Rows include: 10. Total Estimated Income Subject to Monroeville Income Tax for 2015, 11. Monroeville Income Tax – 1% of Line 10, 12. Less – Taxes to be Withheld by Employer(s) (not to Exceed 1% of Gross Wages), 13. Net Estimated Tax Due (Line 11 less Line 12 total) (If less than \$200.00, no payment is needed), 14. Paid with this Estimate (Minimum 1/4 of Line 13), 15. Total Due (Add Lines 8 and 14) do not pay if less than \$10.00

Certification: Under penalty of perjury I hereby certify that the above is a true and correct statement of my taxable income.

Preparer's Signature (If other than taxpayer) Date Taxpayer's Signature Date

Address F.E.I.N. or SSN Spouse's Signature (If joint return) Date

THIS FORM OR YOUR FEDERAL EXTENSION MUST BE FILED WITH THE MONROEVILLE INCOME TAX DEPARTMENT BY APRIL 18.