

INDIVIDUAL - 2009
INCOME TAX RETURN

West Unity
Due Date 04/15/2010



MAKE CHECK OR MONEY ORDER TO:
VILLAGE OF WEST UNITY

PO Box 207
West Unity OH 43570

Voice 419-924-2215 Fax 419-924-2894
westunityclerk@roadrunner.com

Taxpayer's Social Security No.
Home Telephone No. Business Telephone No.
Spouse's Social Security No.
Spouse's Name
Home Telephone No. Business Telephone No.

Name

And

Address

Filing Status
 Single
 Married filing joint
 Married filing separate
 RESIDENT
 NON-RESIDENT
IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES
INTO / /
OUT OF / /
IF YOU RENT, PLEASE GIVE LANDLORDS INFORMATION
NAME _____
ADDRESS _____

Income

1 Wages, salaries, tips, etc. 1 []
2 Other taxable income 2 []
3 Total taxable income (add lines 1 and 2) 3 []

Tax and Credits

4 West Unity tax due before credits (1.500% of line 3) 4 []
5 Estimated tax payments made to West Unity as of 12/31/2009 5 [0.00]
6 Taxes withheld and paid to West Unity 6 []
7 Overpayment from prior year(s) 7 [0.00]
8 Taxes withheld and paid to other localities 8 []
Credit cannot exceed 100.0% of tax withheld up to 1.50% of income earned in each location.
9 Total credits (add lines 5 through 8) 9 []

Refund (Issued if greater than 1.00)

10 If line 9 is greater than line 4, subtract line 4 from line 9. This is the amount you overpaid 10 []
11 Amount of line 10 to be credited to next years estimate 11 []
12 Amount of line 10 to be refunded 12 []

Tax Due (if greater than 1.00)

13 If line 4 is more than line 9, subtract line 9 from 4, this is the tax amount you owe 13 []
14 Penalties and interest Late File _____ Late Pay _____ Late Estimate _____ Interest _____ 14 []

Declaration of Estimate For 2010

15 Estimated income 15 []
16 Estimated tax due. Multiply line 15 by 1.500% 16 []
17 Taxes to be withheld and paid to West Unity and other localities 17 []
18 Prior credit applied to estimated tax payments (From line 11) 18 []
19 Net estimated tax due (subtract line 17 and 18 from 16) 19 []
20 Minimum amount due for first quarter (multiply line 19 by 25%) 20 []

Amount You Owe

21 Total amount due (add lines 13, 14 and 20) 21 []

Tax Office Use Only : Tax Office Use Only : Tax Office Use Only

Taxpayer's Signature _____ Date _____

Spouse's Signature _____ Date _____

Tax Preparer's Signature _____ Date _____

(If other than taxpayer) Phone No. _____

May VILLAGE OF West Unity discuss this return with the preparer shown above ___Yes ___No