

**INDIVIDUAL - 20
INCOME TAX RETURN
GREENWICH**

**ATTACH ALL COPIES OF W-2'S, 1099'S,
AND FEDERAL SCHEDULES
TAXES WITHHELD FROM OTHER CITIES
LIMITED TO 1.00% ONLY.**

Tax Office Use Only : Tax Office Use Only :

TOTAL TAX LIABILITY _____

TOTAL TAX PAID W/ RETURN _____

CHECK # _____

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

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, etc.	Use Box 5 or Largest Wage Amount on W2	1 _____
2	Other taxable income from Worksheet B		2 _____
3	Total taxable income (add lines 1 and 2)		3 _____
Tax and Credits			
4	Greenwich tax due before credits (1% of line 3)		4 _____
5	Estimated tax payments made to Greenwich		5 _____
6	Taxes withheld and paid to Greenwich - (DO NOT INCLUDE SCHOOL TAX SD 3905)		6 _____
7	Overpayment from prior year(s)		7 _____
8	Taxes withheld and paid to other localities (Maximum Credit 1.00%)		8 _____
9	Total credits (add lines 5 through 8)		9 _____
Refund (Note: Refund or tax due of less than \$10.00 not payable)			
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 (\$10.00 or greater)		12 _____
Tax Due (Issued if tax due is greater than)			
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 / Pay _____ Interest _____		14 _____
Declaration of Estimate for 2018			
15	Estimated taxable income		15 _____
16	Estimated tax due. (multiply line 15 by 1%)		16 _____
17	Taxes to be withheld and paid to Greenwich and other localities (Limit 1%)		17 _____
18	Prior credit applied to estimated tax payments (From line 11)		18 _____
19	Net estimated tax due (subtract line 17 & 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 and 14)		21 _____

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.

**MAKE CHECK OR MONEY ORDER TO:
VILLAGE OF GREENWICH TAX DEPT.**

45 MAIN STREET
GREENWICH OH 44837

Phone 419-752-2441 Fax 419-752-1903
Website www.villageofgreenwich.com

Taxpayer's Signature Date _____

Spouse's Signature Date _____

Tax Preparer's Signature Date _____

(If other than taxpayer) Phone No. _____

We, the taxpayer, elect to authorize a return preparer to communicate with the tax administrator about matters pertaining to this return. By making this election, we, the taxpayer, authorizes the tax administrator to contact the return preparer concerning questions that arise during the processing of the return and authorizes the return preparer only to provide the administrator with information that is missing from the return, to contact the administrator for information about the processing of the return or the status of the taxpayer's refund or payments, and to respond to notices about mathematical errors, offsets, or return preparation that the taxpayer has received from the administrator and has shown to the return preparer.

