GREEN SPRINGS INCOME TAX
P. O. BOX 536
GREEN SPRINGS, OH. 44836
TAX OFFICE HOURS:
5 p.m. to 8 p.m. Tues.
5 p.m. – 7 p.m. Thurs.
419-639-2123
villageofgreensprings.com

GREEN SPRINGS INCOME TAX - 20___

For Calendar Year

or

Fiscal Period _____ to _____

Due April 30th or four months after the end of the fiscal period.

Attach all W-2's and Federal Schedules to the Back of Form

(Tax Office Use Only)
Date Filed _____
Processed By _____
Number

Check
Money Order
Cash _____
Paid with this Return $

Soc. Sec. No.
Soc. Sec. No.
Fed. I.D. No.

SCHEDULE A **between January 1st and December 31, 20___ from each employer or source. INCLUDE SICK PAY that is paid by employer and amounts deducted as Federal Tax Sheltered Annuities or Deferred Compensation.**

(A 1) Name of Employer	(A 2) City or Twp. Where Employed	(A 3) Green Springs, Ohio Tax Withheld $	(A 4) Other City Tax Withheld $	(A 5) Wages, etc. $
STAPLE FORMS W-2 ACROSS TOP, REAR	TOTALS	$	$	$ XXXXXXXXXXX

1. Total Wages, etc. (IF NO OTHER TAXABLE INCOME ENTER TOTAL WAGES HERE AND ON LINE 4) ..... (1) $_____
2. Other Income (from Schedules C, D, E and F, page 2) or from Federal Income Schedules attached ..... (2) $_____
3. Total Income (line 1 plus 2) ..... (3) $_____
4. Amount subject to Green Springs, Ohio Income Tax (line 1 or line 3) ..... (4) $_____
5. Green Springs, Ohio Income Tax, 1% of line 4 ..... (5) $_____
6. Tax Credits: (a) Green Springs, Ohio Tax Withheld (A3) ..... $.....
   (b) Other City Tax Withheld **(Cannot exceed ½% of wages taxed in any city.)** .... $.....
   (c) Payments on Estimated Tax ..... $.....
   Total (6) $_____
7. Line 5 Less Line 6 (If minus figure, enter on line 10 and mark disposition) ..... (7) $_____
8. Additional Charges: (a) Interest (_____ % of line 7) ..... $.....
   (b) Penalty (_____ % of line 7) ..... $.....
   (c) Late Filing Penalty ($15.00 in addition to lines 8a & 8b if filed late) ..... $.....
   (d) Total of lines 8a, 8b & 8c) ..... (8) $_____
9. TOTAL DUE: (Line 7 plus line 8d) - Make check payable to GREEN SPRINGS VILLAGE INCOME TAX ..... (9) $_____
10. Overpayment: Credit on 20____ Estimate: $..... Refund $.....(10) $_____

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, and if an audit of Federal return is made which affects tax liability shown on this return, an amended return will be filed within three months.

Signature of person preparing this return other than Taxpayer

X
Signature (Title) (Date)

XX
Name and Address of Firm or Employer Signature (Telephone)