

INDIVIDUAL - 2023
INCOME TAX RETURN
WILLARD

Due Date 04/15/2024
NO E-FILING AT THIS TIME. PLEASE
ATTACH ANY W2'S, 1099'S, FORM 1040 &
SCHEDULES

Form fields for 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.

MAKE CHECK OR MONEY ORDER TO:
CITY OF WILLARD INCOME TAX DEPT
631 MYRTLE AVE
P O BOX 367
WILLARD OH 44890
Voice 419-933-7808 Fax 419-933-4545
ameyer@willardohio.gov

Name
And
Address

Filing Status
Single, Married filing joint, Married filing separate
RESIDENT, NON-RESIDENT
IF YOU RENT, PLEASE GIVE LANDLORDS INFORMATION
NAME
ADDRESS

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

Tax and Credits
4 Willard tax due before credits (1.375% of line 3)
5 Estimated tax payments made to Willard
6 Taxes withheld and paid to Willard
7 Overpayment from prior year(s)
8 Taxes withheld and paid to other localities
9 Total credits (add lines 5 through 8)

Refund (Issued if greater than 10.00)
10 If line 9 is greater than line 4, subtract line 4 from line 9. This is the amount you overpaid
11 Amount of line 10 to be credited to next years estimate
12 Amount of line 10 to be refunded

Tax Due (if greater than 10.00)
13 If line 4 is more than line 9, subtract line 9 from 4, this is the tax amount you owe
14 Penalties and interest Late File Late Pay Late Estimate Interest

Declaration of Estimate For 2024
15 Estimated income
16 Estimated tax due. Multiply line 15 by 1.750%
17 Taxes to be withheld and paid to Willard and other localities
18 Prior credit applied to estimated tax payments (From line 11)
19 Net estimated tax due (subtract line 17 and 18 from 16)
20 Minimum amount due for first quarter (multiply line 19 by 25%)

Amount You Owe
21 Total amount due (add lines 13, 14 and 20)

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

By signing this return, I declare 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.

Taxpayer's Signature Date
Spouse's Signature Date
Tax Preparer's Signature Date
(If other than taxpayer) Phone No.

May CITY OF WILLARD discuss this return with the preparer shown above Yes No