

**INDIVIDUAL - 2025
INCOME TAX RETURN
WILLARD**
Due Date 04/15/2026
**NO E-FILING AT THIS TIME. PLEASE
ATTACH ANY W2'S, 1099'S, FORM 1040 &
SCHEDULES**

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 Ext Fax 419-933-4545
ameyer@willardohio.gov

Taxpayer's Social Security No.	
HomeTelephone No.	BusinessTelephone No.
Spouse's Social Security No.	
Spouse's Name	
HomeTelephone No.	BusinessTelephone No.
Filing Status <input type="checkbox"/> Single <input type="checkbox"/> Married filing joint <input type="checkbox"/> Married filing separate	
<input type="checkbox"/> RESIDENT <input type="checkbox"/> NON-RESIDENT	
IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES INTO / / OUT OF / /	
IF YOU RENT, PLEASE GIVE LANDLORDS INFORMATION NAME _____ ADDRESS _____	

Name _____

And _____

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 Willard tax due before credits (1.750% of line 3) 4

5 Estimated tax payments made to Willard 5

6 Taxes withheld and paid to Willard 6

7 Overpayment from prior year(s) 7

8 Taxes withheld and paid to other localities 8

Cannot exceed 100% of tax withheld up to 1.75% earned in each location. (Residents Only)

9 Total credits (add lines 5 through 8) 9

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 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 10.00)

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 2026

15 Estimated income 15

16 Estimated tax due. Multiply line 15 by 1.750% 16

17 Taxes to be withheld and paid to Willard 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

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