

BUSINESS - 2022
INCOME TAX RETURN
WILLARD

Federal ID#
Business Telephone No.
Principal Business Activity NAICS Code
IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES
INTO / / OUT OF / /
CHECK ONE
CORPORATION ESTATE
SOLE PROPRIETOR TRUST
PARTNERSHIP FIDUCIARY
S-CORPORATION
OTHER

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.us

Fiscal Period _____ to _____

ATTACH ANY APPLICABLE SCHEDULES
WITH THIS RETURN

Name
And
Address

1 Total taxable income
2 Adjustments (See Schedule X)
3 Taxable income before allocation (Line 1 plus/minus lines 2)
4 Allocation percentage (See Schedule Y)
5 Adjusted Net Income (Multiply line 3 by line 4)
6 Allocable Net Loss Carry Forward
7 Willard Taxable income (Line 5 minus Line 6)
8 Willard income tax (Multiply line 7 by 1.375%)
9 Credits applied from previous year(s) to this year's liability
10 Estimates paid on this year's liability
11 Other credits
12 Total credits (Total line 9, 10 and 11)
13 Tax due (If line 8 is greater than line 12, subtract line 12 from line 8) If greater than 10.00
14 Penalty
15 Interest
16 Total due (Total line 13, 14 and 15)
17 Overpayment (Issued if greater than 10.00)
18 Amount to be refunded
19 Amount to be credited to next year

Declaration of Estimate For 2023
20 Total estimated income subject to tax
21 Estimated tax due. (Multiply line 20 by 0.000%)
22 Less credits (from 19 above)
23 Net estimated tax due (subtract line 22 from line 21)
24 Minimum amount due for first quarter (Multiply line 23 by 25%)

Amount You Owe
25 Total amount due (add lines 16 and 24)

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

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