

INDIVIDUAL - 2024
INCOME TAX RETURN
WILLARD

Due Date 04/15/2025
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"/> RESIDENT
<input type="checkbox"/> Married filing joint	<input type="checkbox"/> NON-RESIDENT
<input type="checkbox"/> Married filing separate	
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 2025

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