

FILE WITH & MAKE CHECKS
 PAYABLE TO:
 Village of Convoy
 Income Tax Dept.
 P.O. Box 310
 Convoy OH 45832-0310
 Phone 419-749-2266

Village of Convoy

Residency Status: Resident _____
 (Select one) Partial Year Resident _____
 From _____ To _____
 Marital Status: Single _____
 Married _____

“NEW” Individual Income Tax Return

For the Calendar Year of 20__ Filing Deadline April 15, 20__

Name, Address & Phone Number	Social Security # (H) _____
	Social Security # (W) _____
	Federal ID # _____
	School District # _____
	Occupation (H) _____ (W) _____

Section 1, Gross Wages	Convoy Tax Withheld	Other Tax Withheld (not to exceed 1% per W2)	Total Qualifying Wage
1. Total qualifying wages (add & attach all W2's & 1099s)	1A _____	1B _____	1. _____
2. Less employee business expenses from Federal Form 2106 (attach schedule)			2. _____
3. Less non resident income if part year resident (attach worksheet)			3. _____
4. Total taxable wages (add line 1, 2, & 3) If not business Income take total to line 11			4. _____

Section 2, Other Income: Business, Rental and Adjustments (attach Federal Forms)

5. Total Business Income (From page , line 5)	5. _____
6. Adjustments to business income (from page 2, line 6)	6. _____
7. Adjusted gross income (from page 2, line 6)	7. _____
8. Apportioned amount (from page 2, line 8)	8. _____
9. Less net loss from previous return (from page 2, line 9)	9. (_____)
10. Taxable business income (add lines 7, 8 & 9)	10. _____
11. Total taxable income (add lines 4 & 10)	11. _____
12. Income tax rate (1% of line 11)	12. _____
13. Less Convoy tax withheld (see line 1A) (School Tax is not to be used as credit)	13. (_____)
14. Less credit carryover	14. (_____)
15. Less estimated tax paid	15. (_____)
16. Less other city/county tax withheld (allowing 50% of 1B above)	16. (_____)
17. Total credits allowable (add lines 13, 14, 15 & 16)	17. _____
18. Tax Due (if line 12 amount is greater than line 17)	18. _____
19. Late return filing penalty and interest (5% per month (maximum 15%) plus 1% interest per month, minimum charge \$25.)	19. _____
20. Total amount due (add lines 18, 19 & 20) Amounts of \$10.00 or less not payable	20. _____
21. Overpayment (if line 17 is greater than line 12) Amounts of \$10.00 or less is not refundable	21. _____
A. Refund requested	21A _____
B. Credited to next year	21B _____

Section 3 Declaration of Estimated Tax

22. Total Estimated Income subject to Convoy Income Tax for year _____ (at 1%)	22. _____
23. Less credits (see line 21B)	23. (_____)
24. Net estimated tax due (subtract line 23 from line 22)	24. _____
25. Amount paid with this estimate (at least 1/4 of line 24)	25. _____
26. Total tax due (add lines 24 & 25)	26. _____

I hereby certify that this is a true, correct, and complete return pursuant to the Convoy Ordinances and Regulations.

Signed _____ Date _____ Signed _____ Date _____

Phone No. _____ Phone No. _____