

Please Enter Tax Year > _____

**VILLAGE OF RICHFIELD
INDIVIDUAL TAX RETURN**

SOC. SEC. #: _____

DUE APRIL 15, _____

PHONE (330) 659-9201 EXT 226

IF THIS IS A JOINT RETURN, FILL IN BELOW:

SPOUSE'S NAME _____

SPOUSE'S SOCIAL SECURITY NUMBER _____

ARE YOU A RESIDENT OF RICHFIELD?

YES NO

IF YOU MOVED DURING THIS TAX YEAR PLEASE

ANSWER BELOW:

MOVED INTO RICHFIELD ON _____

FROM _____

MOVED FROM RICHFIELD ON _____

TO _____

MAIL RETURNS TO:
DIVISION OF TAXATION
PO BOX 100
RICHFIELD OH 44286-0100

PLEASE ENTER NAME AND ADDRESS ABOVE.

PER ORD. "BUSINESS LOSSES CANNOT BE USED TO OFFSET W-2 SALARIES, WAGES AND OTHER COMPENSATION."

IF YOUR ONLY SOURCE OF INCOME IS FROM W-2 EARNINGS OR 1099'S, FILL IN THIS FORM ONLY.

IF YOU HAVE INCOME OTHER THAN WAGES, COMPLETE A BUSINESS MUNICIPAL TAX RETURN.

1. EARNINGS	EMPLOYER'S NAME	WHERE EMPLOYED	TOTAL W-2 WAGES	CITY TAX WITHHELD	ALLOWABLE CREDIT 2% (NOT TO EXCEED W-2) (SEE INSTRUCTIONS)
ATTACH W-2 AND 1099 COPIES					
TOTALS			1A		1B

- MUNICIPAL INCOME TAX 2% OF LINE 1A \$ _____
- (a) CREDITS: MUNICIPAL INCOME TAX WITHHELD, (NOT TO EXCEED 2% PER W-2) TOTAL OF LINE 1B \$ _____
 (b) NON-WITHHELD INCOME TAX PAID DIRECTLY TO OTHER MUNICIPALITIES (PROVIDE DOCUMENTATION)..... \$ _____
 (c) CREDITS FOR PAYMENTS ON ____ ESTIMATED TAXES \$ _____
 (DO NOT INCLUDE PENALTY AND INTEREST PAYMENTS)
 (d) AMOUNT OF PRIOR YEAR CREDITS \$ _____
 (e) TOTAL CREDITS ALLOWABLE \$ _____
- LATE FEE \$25 PLUS INTEREST OF .5% PER MO. \$ ____ PLUS PENALTY OF 1.0% PER MO.. \$ _____ TOTAL \$ _____
- NET CREDITS ALLOWABLE (LINE 2(e) MINUS LINE 3)..... \$ _____
- BALANCE DUE (LINE 1 LESS LINE 4) Payable to the Village of Richfield \$ _____
 If the Balance Due is less Than \$1.01 Payment Need Not Be Made
- OVERPAYMENT CLAIMED (IF LINE 4 EXCEEDS LINE 1, ENTER DIFFERENCE HERE) \$ _____
 (a) ENTER AMOUNT OF LINE 6 YOU WANT CREDITED TO YOUR ____ ESTIMATED TAX..... \$ _____
 (b) TO BE REFUNDED (If the Overpayment is Less Than \$1.01 No Refund will be Issued)..... \$ _____
- DECLARATION OF ESTIMATED TAX (See Instructions)
 (a) Estimated tax liability for ____ \$ _____
 (b) Quarterly estimated tax due. 1/4 of Line 7(a) less credit carried forward from Line 6(a) \$ _____
- TOTAL DUE Village of Richfield (Add Lines 5 and 7 (b)) \$ _____
 (Make check or money order payable to Village of Richfield if \$1.01 or more)

I CERTIFY I HAVE EXAMINED THIS RETURN INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND THAT THE FIGURES USED HEREIN ARE THE SAME AS FOR FEDERAL INCOME TAX PURPOSES.

I authorize the Income Tax Division to discuss my account with my tax preparer. _____ (Tax payers initials are required)

Signature of Person Preparing, If Other Than Taxpayer _____ Date _____ Signature of Taxpayer or Agent (Required) _____ Date _____

Name and Address of Preparer _____ Spouse's Signature _____ Date _____