

FILE WITH AND MAKE CHECK PAYABLE TO:

Village of Rockford
Income Tax Department
P.O. Box 282
Rockford, OH 45882
(419) 363-3032

ON OR BEFORE APRIL 15th 2012

VILLAGE OF ROCKFORD

INCOME TAX RETURN

FILING REQUIRED EVEN IF NO TAX DUE
FOR THE CALENDAR YEAR 2011

OR FISCAL PERIOD

TO

Office Use Only
PAID WITH THIS RETURN

\$

PROCESSED BY

IF MOVED SINCE THE PREVIOUS FINAL RETURN WAS DUE, GIVE DATE:
INTO VILLAGE OR OUT OF

ADDRESS CORRECTION REQUESTED

TAXPAYER'S NAME AND ADDRESS

Empty box for taxpayer name and address.

Acct# 01-000030
FEDERAL ID #
TAXPAYER SS#
SPOUSE SS#

NOTE: PAGE 2 MUST BE COMPLETED IF YOU HAVE TAXABLE RENTAL PROPERTY OR BUSINESS INCOME.

IF YOU HAVE RETIREMENT OR UNEMPLOYMENT INCOME ONLY, PLEASE CHECK HERE [], THEN SIGN, DATE AND RETURN.

- 1. GROSS WAGES, SALARIES, TIPS AND OTHER EMPLOYEE COMPENSATION...
2. OTHER TAXABLE INCOME (LOSSES CANNOT BE DEDUCTED FROM W-2 WAGES)...
3. TAXABLE INCOME: LINE 1 PLUS LINE 2...
4. MUNICIPAL TAX: 1.000% OF LINE 3...
5. CREDITS
A. TAX WITHHELD BY ROCKFORD EMPLOYER...
B. ESTIMATED TAX PAID...
C. CREDIT FOR TAXES PAID TO OTHER OHIO CITY TAX OR INDIANA COUNTY TAX...
D. PRIOR YEAR OVERPAYMENTS...
E. OTHER CREDITS...
F. TOTAL CREDITS...
6. TAX DUE (IF LINE 4 IS GREATER THAN LINE 5F, PAYMENT OF BALANCE MUST ACCOMPANY THIS RETURN)...
7. PENALTY..PENALTY 1% PER MONTH \$ INTEREST 1% PER MONTH \$ LATE FEE \$50.00 \$
8. AMOUNT DUE BEFORE ESTIMATED TAXES... AMOUNT OF \$1.00 OR LESS IS NOT REFUNDABLE OR PAYABLE
9. OVERPAYMENT REFUNDED...\$ OR CREDITED TO EST. TAXES... \$

DECLARATION OF ESTIMATED TAXES FOR YEAR 2012

- 10. INCOME SUBJECT TO TAX...\$ TIMES TAX RATE OF 1.000% FOR GROSS TAX OF...\$
11. LESS EXPECTED TAX CREDITS:
A. TAX WITHHELD BY EMPLOYER...\$
B. PAYMENTS ON TAXABLE INCOME TO ANOTHER MUNICIPALITY...\$
C. TOTAL CREDITS...\$
12. NET TAX DUE (LINE 10 LESS LINE 11C)...\$
A. OVERPAYMENT AMOUNT FORM PRIOR YEAR(S)...\$
13. AMOUNT PAID WITH THIS DECLARATION (1/4 LINE 12, LESS LINE 12A)...\$
14. BALANCE OF ESTIMATED TAX...\$

TOTAL AMOUNT DUE \$ (LINE 8) + \$ (LINE 13) =

I CERTIFY THAT I HAVE EXAMINED THE RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT & COMPLETE. IF PREPARED BY PERSON OTHER THAN TAXPAYER, THE DECLARATION IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS AN KNOWLEDGE.

SIGNATURE OF PREPARER DATE SIGNATURE OF TAXPAYER DATE

ADDRESS SIGNATURE OF TAXPAYER DATE

MUST RETURN ORIGINAL DOCUMENT WITH SIGNATURE AND DATE TO THE TAX OFFICE