FORM FOR USE OF ALL TAXPAYERS SUBJECT TO
PIONEER INCOME TAX.
File this return with the Pioneer Tax Department, Pioneer, Ohio 43554, on or before April 15.

VILLAGE OF PIONEER; INDIVIDUAL INCOME TAX RETURN

for Calendar Year ending December 31, _____

Name and Address

Social Security No.

Husband _____ Wife _____

TELEPHONE: _____

Part year resident:

GIVE DATE OF MOVE

INTO CITY _____ OUT OF _____

SCHEDULE A Enter your TOTAL wages, salaries, bonuses, incentive payments and other compensation BEFORE ANY PAYROLL DEDUCTIONS received from January 1 to December 31 from each employer or source. INCLUDE Sick Pay paid by employer and amounts deducted for Federal Tax Sheltered annuities of any kind, including amounts deducted to purchase IRA's. Attach schedule if necessary. See instructions for taxable items.

PRINT EMPLOYERS NAME	WHERE EMPLOYED	PIONEER TAX WITHHELD	OTHER CITY OR VILLAGE TAX/NOT TO EXCEED 1%	WAGES, ETC.
1. TOTAL IF NO OTHER TAXABLE INCOME COMPUTE YOUR TAX ON LINE 5				

OTHER INCOME

2. Rental Income (ATTACH SCHEDULE E) ..... $ _____
3. Business or Partnership (ATTACH SCHEDULE C) ..... $ _____
4. TOTAL NET INCOME SUBJECT TO PIONEER INCOME TAX (LINES 1-2-3) ..... $ _____
5. PIONEER INCOME TAX 1% OF LINE 1 OR LINE 4 $ _____

CREDITS

6. Credits: (A) Pioneer Tax Withheld (Line 1) ..... $ _____
   (B) Estimated Tax Paid ..... $ _____
   (C) Tax paid to other Cities or Villages / Not to Exceed 1% For Each W-2 ..... $ _____
   (D) Tax paid by partnership on Schedule E income ..... $ _____
   (E) Total Credits Allowable ..... $ _____
7. TAX DUE (Line 5 less 6E) ..... $ _____
8. Total Amount Paid With This Return (Make Check payable to the VILLAGE OF PIONEER) .....
   No refund or billings for amounts under $2.00
9. Overpayment (Line 5 less Line 6E) _____
   (A) Credited to Current Year's Estimate ..... $ _____
   (B) Refunded ..... $ _____

DECLARATION OF ESTIMATED TAX FOR YEAR 20 _____

TOTAL INCOME SUBJECT TO TAX $ _____ : MULTIPLY BY TAX RATE OF 1% FOR GROSS TAX OF... $ _____

LESS EXPECTED TAX CREDITS

A. WITHHELD BY AN EMPLOYER (NOT TO EXCEED 1%) ..... $ _____

B. OVERPAYMENT FROM PRIOR YEAR ..... $ _____

C. TOTAL CREDITS ..... $ _____

NET TAX DUE (LINE 1 LESS LINE 2) ..... $ _____

AMOUNT PAID WITH THIS DECLARATION (NOT LESS THAN 1/4 OF LINE 3) ..... $ _____

IMPORTANT: ALL Federal Schedules MUST be attached. Any return received without the appropriate Schedules will be marked "INCOMPLETE" and returned to the taxpayer. Completed returns must be received by April 15th to avoid penalty and interest charges. Return not considered filed unless properly signed and dated.

ATTACH ALL W-2'S

Completed Returns Must be received by April 15th to avoid penalty and interest charges.

The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated and that the figures on the schedules are the same as used on Federal Tax Schedules.

Signature of Taxpayer or Agent _____ Title _____ Date _____

Signature of person preparing return or keeping books _____ Date _____

Signature of Spouse _____ Date _____

Address of above _____