

VILLAGE OF PIONEER

FORM IR

FILE WITH PIONEER TAX DEPARTMENT PIONEER, Ohio 43554

FILING REQUIRED EVEN IF NO TAX DUE.

MAKE CHECK OR MONEY ORDER PAYABLE TO

Pioneer Income Tax

ON OR BEFORE APRIL 15.

TELEPHONE: Home _____

NAME OF EMPLOYER _____

Business _____

ADDRESS: Street _____

TAXPAYERS NAME AND ADDRESS

City _____

ACCOUNT NO. _____

SOCIAL SECURITY NUMBERS:

TAXPAYER _____

SPOUSE _____

IF MOVED SINCE THE PREVIOUS FINAL RETURN WAS DUE GIVE DATE:

INTO CITY _____ OR OUT OF _____

As long as all W-2's and a copy of your Federal Return are attached you do not need to fill out this form past this line.

NOTICE: By law, all refunds and credits, in excess of \$10.00 are being reported to IRS

THIS SPACE FOR TAX OFFICE ONLY

NOTE: Page 2 must be completed if you have taxable rental property or business income.

- 1. WAGES, SALARIES, TIPS AND OTHER EMPLOYEE COMPENSATION (Attach all W-2's and copy of Federal Return)..... \$ _____
2. OTHER TAXABLE INCOME (SEE INSTRUCTIONS)..... \$ _____
3. TAXABLE INCOME: LINE 1 PLUS LINE 2 \$ _____
4. MUNICIPAL TAX 1% OF LINE 3 \$ _____
5. CREDITS (Each W-2 stands independent) NO REFUND OR CREDIT GIVEN WHERE TAX IS PAID IN EXCESS OF 1%

- A. TAX WITHHELD BY EMPLOYER FOR _____ (NOT TO EXCEED 1%)..... \$ _____
B. ESTIMATED TAX PAID THIS MUNICIPALITY..... \$ _____
C. TAX PAID CITY OR VILLAGE OF _____ (NOT TO EXCEED 1%) \$ _____
D. PRIOR YEAR OVERPAYMENTS..... \$ _____
E. TOTAL CREDITS \$ _____

- 6. IF LINE 4 IS GREATER THAN LINE 5E PAYMENT OF BALANCE MUST ACCOMPANY THIS RETURN:
TAX DUE..... \$ _____
A. PENALTY \$ _____ INTEREST \$ _____ (TAX OFFICE USE ONLY) \$ _____
B. TOTAL AMOUNT DUE..... \$ _____

- 7. OVERPAYMENT TO BE REFUNDED \$ _____ OR CREDITED \$ _____ TO NEXT YEAR ESTIMATE.

DECLARATION OF ESTIMATED TAX FOR YEAR

- 8. TOTAL INCOME SUBJECT TO TAX \$ _____ MULTIPLY BY TAX RATE OF 1% FOR GROSS TAX OF \$ _____
9. LESS EXPECTED TAX CREDITS
A. OVERPAYMENT FROM PRIOR YEAR(S),..... \$ _____
B. PAYMENTS ON TAXABLE INCOME TO ANOTHER MUNICIPALITY (NOT TO EXCEED 1%)..... \$ _____
C. TOTAL CREDITS \$ _____
10. NET TAX DUE (LINE 8 LESS LINE 9C) \$ _____
11. AMOUNT PAID WITH THIS DECLARATION (NOT LESS THAN 1/4 OF LINE 10)..... \$ _____
12. BALANCE OF TAX \$ _____

THERE WILL BE A \$25.00 LATE FILING FEE IF NOT RETURNED BY APRIL 15TH.

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

Signature of Person Preparing if Other Than Taxpayer

Signature of Taxpayer or Agent

Address Phone No.