

**FILE WITH: VILLAGE OF LUCKEY
INCOME TAX DEPARTMENT**
 PO BOX 266
 LUCKEY, OH 43443
 PHONE: (419) 833 8721
 FAX: (419) 833 8701
 luckeyohio.org

(TAX OFFICE USE ONLY)	
DEPOSIT#	
DATE	
AMT PD	
REVIEW	FILE
Account No.	
Federal ID No.	
Soc. Sec. No. (H)	
Soc. Sec. No. (W)	

Tax Year: [] Due Date: April 15, []
 Fiscal Period from [] through []

ENTER NAME AND ADDRESS:	IF YOU MOVED DURING THE YEAR, COMPLETE THIS BLOCK.	
	Date moved into Luckey	
	Previous Address	
	Date moved out of Luckey	
	Present Address	
	City, State, Zip	
PHONE NO.	Landlord's name and address:	
FILING REQUIRED EVEN IF NO TAX DUE		

SECTION A - INCOME	Indicate here if you are: <input type="checkbox"/> Unemployed for the entire year	<input type="checkbox"/> Retired and have no taxable income <input type="checkbox"/> Other
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1. ENTER EMPLOYER'S NAME, WHERE EMPLOYED AND QUALIFYING WAGES, SALARIES, BONUSES, COMMISSIONS, AND OTHER COMPENSATION RECEIVED. IF ADDITIONAL SPACE IS NEEDED, ATTACH SEPARATE SHEET.

EMPLOYER'S NAME (List W-2's separately)	CITY WHERE EMPLOYED	TAX WITHHELD FOR LUCKEY	TOTAL WAGES PER W-2's & 1099's ATTACHED
ATTACH W-2's & 1099 MISC.			
1a. (IF THIS IS YOUR ONLY INCOME GO TO LINE 3)			1a.

(LOSSES FROM PAGE 2 MAY NOT BE DEDUCTED FROM W-2 EARNINGS)

- 2. Page 2 INCOME SCHEDULES C, E & H _____ 2. _____
- 3. INCOME SUBJECT TO VILLAGE OF LUCKEY TAX _____ 3. _____
- 4. VILLAGE OF LUCKEY INCOME TAX - 1% OF LINE 3 _____ 4. _____

SECTION B - CREDITS

- 5a. PAYMENTS ON ESTIMATED TAX _____ 5a. _____
- 5b. CREDITS FOR PRIOR YEAR (CARRYOVERS) _____ 5b. _____
- 6. VILLAGE OF LUCKEY TAX WITHHELD _____ 6. _____
- 7. TOTAL CREDITS (ADD LINES 5a, 5b, AND 6) _____ 7. _____
- 8. IF LINE 4 IS GREATER THAN 7, ENTER DIFFERENCE _____ BALANCE DUE 8. _____

- 9. INTEREST/PENALTY: 15% OF THE AMOUNT NOT TIMELY PAID PLUS 7% INTEREST PER YEAR. LATE FILING FEE: \$25.00 PER MONTH NOT TO EXCEED \$150.00 (FILING NOT COMPLETE UNTIL ALL PAYMENTS ARE MADE). TOTAL P/I 9. _____
- 10. TOTAL DUE - (PAYMENTS OF \$10.00 OR LESS ARE NOT REQUIRED) 10. _____
- 11. IF LINE 7 IS GREATER THAN LINE 4 RESULTING IN OVERPAYMENT, PLEASE INDICATE IF YOU DESIRE REFUND \$ OR CREDITED TO TAX \$

(OVERPAYMENT LESS THAN \$10.00 WILL NOT BE REFUNDED OR CARRIED FORWARD)

The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated and the figures used herein are the same as used for Federal Income Tax purposes, and if an audit of Federal return is made which affects tax liability shown on this return, an amended return will be filed within three months.

(Signature of firm or person, other than taxpayer, preparing return)	Date	Signature of Taxpayer	Date
Address	Phone No.	Signature of Spouse (if joint return)	Date

If you used the services of a tax preparer, the Income Tax Division may need to discuss your tax return, estimated payments and federal schedules with him or her. CHECK THE FOLLOWING BOX IF YOU WISH TO ALLOW US TO DISCUSS YOUR LUCKEY TAX RETURN WITH YOUR PREPARER. []