

MAIL TO: VILLAGE OF WELLINGTON  
 Income Tax Department  
 115 Willard Memorial Square  
 Wellington, OH 44090-1342  
 440-647-4626

**DUE DATE – APRIL 15TH**  
**TAX RATE – 1%**

**TAXPAYERS COPY**  
**TAX OFFICE USE ONLY**

EXTENSIONS MUST BE RECEIVED IN OUR TAX OFFICE BY APRIL 15TH  
 FAILURE TO FILE THIS RETURN OR EXTENSION BY APRIL 15TH  
 WILL RESULT IN A PENALTY OF \$25.00

Total \_\_\_\_\_  
 Paid With Return \_\_\_\_\_  
 Balance Due \_\_\_\_\_

TAX YEAR \_\_\_\_\_

FISCAL PERIOD \_\_\_\_\_ to \_\_\_\_\_

IF NAME OR ADDRESS IS INCORRECT MAKE NECESSARY CHANGES  
 (LIST BOTH NAMES & SOCIAL SECURITY NUMBERS IF FILING A JOINT RETURN)

YOUR SSN/FED. I.D. NO.: \_\_\_\_\_  
 SPOUSE'S SSN: \_\_\_\_\_  
 PHONE NUMBER \_\_\_\_\_  
 IF YOU RENT, NAME AND ADDRESS OF LANDLORD: \_\_\_\_\_  
 \_\_\_\_\_  
 IF YOU MOVED DURING THE YEAR, YOU MUST COMPLETE LINES BELOW:  
 MOVE IN: \_\_\_\_\_ MOVE OUT: \_\_\_\_\_  
 PRESENT ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_

**ALL VILLAGE RESIDENTS ARE REQUIRED TO FILE A TAX RETURN EVEN IF NO TAX DUE OR INCOME EARNED.**

I AM REQUIRED TO FILE SINCE I AM A RESIDENT, BUT I HAVE NO TAXABLE INCOME BECAUSE:

- Under 18 for the entire year – Date of Birth \_\_\_\_\_ Documentation of age required
  - An active member of the Armed Forces of the United State for the entire year. (This does not include civilians employed by the military or National Guard.)
  - Retired or disabled, receiving only pension, social security, interest or dividends.
  - Other (Explain) \_\_\_\_\_
  - On Public Assistance with no taxable income.
- } CHECK APPROPRIATE BOX AND SIGN BELOW

**1. WAGES**

W-2 COPIES MUST BE ATTACHED	EMPLOYER'S NAME	CITY WHERE EMPLOYED	WELLINGTON TAX WITHHELD	TOTAL W-2 WAGES (LARGEST FIGURE SHOWN ON W-2)
		<b>TOTALS</b>	<b>\$</b>	<b>1. \$</b>

- 2. Other Income (Attach Federal Schedules) ..... 2. \$ \_\_\_\_\_
- 3. Total Income (Add lines #1 & #2) ..... 3. \$ \_\_\_\_\_
- 4. Adjustments ..... 4. \$ \_\_\_\_\_
- 5. Total Taxable Income (Subtract line #4 from line #3) ..... 5. \$ \_\_\_\_\_
- 6. Village of Wellington Tax 1% (Multiply line #5 by .010) ..... 6. \$ \_\_\_\_\_
- 7. CREDITS:
  - A. Village of Wellington Income Tax Withheld ..... 7A \$ \_\_\_\_\_
  - B. Payment of declaration of Estimated tax ..... 7B \$ \_\_\_\_\_
  - C. Amount of Previous years credits ..... 7C \$ \_\_\_\_\_
- 8. Total Credits (Add lines 7A, 7B, 7C) ..... 8. \$ \_\_\_\_\_
- 9. Balance of Tax Due (Subtract line #8 from line #6) ..... 9. \$ \_\_\_\_\_
- 10. Overpayment (IF line #8 exceeds line #6 enter here) ..... 10. \$ \_\_\_\_\_
- 11. Enter amount of line #10 to be applied to next year's estimated tax ... 11. \$ \_\_\_\_\_
- 12. Enter amount of line #10 to be refunded ..... 12. \$ \_\_\_\_\_
- 13. Penalty (if filed after deadline) enter \$25.00 ..... 13. \$ \_\_\_\_\_
- 14. Interest (1% per month or portion thereof if filing late) ..... 14. \$ \_\_\_\_\_
- 15. **AMOUNT DUE – MUST BE PAID IN FULL WITH THIS RETURN** ..... 15. \$ \_\_\_\_\_

**DECLARATION OF ESTIMATED TAX FOR NEXT YEAR**

- 16. Estimated income subject to municipal tax \$ \_\_\_\_\_ . Multiply by tax rate 1% \$ \_\_\_\_\_
- 17. LESS TAX TO BE WITHHELD
  - a. By Employer ..... \$ \_\_\_\_\_
  - b. Overpayment on previous year's return (Line #10) .... \$ \_\_\_\_\_
  - c. Total Credits (a and b) ..... \$ \_\_\_\_\_
- 18. Balance of Estimated Tax (Line #16 minus Line #17c) ..... \$ \_\_\_\_\_
- 19. FIRST DECLARATION PAYMENT DUE WITH TAX RETURN (1/4 of line #18) ..... \$ \_\_\_\_\_

**TOTAL AMOUNT DUE (Add line #15 of tax return & line #19 of declaration) ..... \$ \_\_\_\_\_**

NO TAXES OF LESS THAN \$1.00 SHALL BE COLLECTED OR REFUNDED

MAKE CHECK PAYABLE TO VILLAGE OF WELLINGTON

Signature of Preparer \_\_\_\_\_ Date \_\_\_\_\_



Signature of Taxpayer \_\_\_\_\_ Date \_\_\_\_\_

Address and Phone Number \_\_\_\_\_

Visa & MasterCard  
Now Accepted

Signature of Taxpayer \_\_\_\_\_ Date \_\_\_\_\_