

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**

**VILLAGE OF ROCKFORD**  
**INCOME TAX RETURN**

**FILING REQUIRED EVEN IF NO TAX DUE**  
 FOR THE CALENDAR YEAR \_\_\_\_\_  
 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**

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, LOTTERY / GAMBLING WINNINGS (MUST ATTACH FEDERAL 1040 PG1 AND W-2 AND/OR 1099 FORMS) - USE BOX 5 OF W2 \$ \_\_\_\_\_
2. OTHER TAXABLE INCOME (LOSSES CANNOT BE DEDUCTED FROM W-2 WAGES)..... \$ \_\_\_\_\_  
A. Attach Schedule C, etc. or fill in back. This is not earned interest.
3. TAXABLE INCOME: LINE 1 PLUS LINE 2 ..... \$ \_\_\_\_\_
4. MUNICIPAL TAX: 1.000% OF LINE 3 ..... \$ \_\_\_\_\_
5. CREDITS - (Parkway School District taxes are NOT Credits)
  - A. TAX WITHHELD BY ROCKFORD EMPLOYER ..... \$ \_\_\_\_\_
  - B. ESTIMATED TAX PAID ..... \$ \_\_\_\_\_
  - C. Credit shall be on one half of (1%) (.05%) for other Ohio Cities or one quarter of (1%) (.25% for Indiana Counties) \$ \_\_\_\_\_
  - D. PRIOR YEAR OVERPAYMENTS ..... \$ \_\_\_\_\_
  - E. OTHER CREDITS ..... \$ \_\_\_\_\_
  - F. TOTAL CREDITS ..... \$ \_\_\_\_\_
6. TAX DUE (PAYMENT OF BALANCE MUST ACCOMPANY THIS RETURN) ..... \$ \_\_\_\_\_
7. PENALTY..PENALTY (15% Line 6) INTEREST \$ \_\_\_\_\_ LATE FEE \$25.00 (Per Month After April 15<sup>th</sup>, Up to \$150.00 Max) \_\_\_\_\_
8. AMOUNT DUE BEFORE ESTIMATED TAXES ..... AMOUNT OF \$10.00 OR LESS IS NOT PAYABLE, REFUNDABLE OR CONSIDERED CREDIT TO NEXT YEAR. \_\_\_\_\_
9. OVERPAYMENT REFUNDED ...\$ \_\_\_\_\_ OR CREDITED TO EST. TAXES... \$ \_\_\_\_\_

**DECLARATION OF ESTIMATED TAX (REQUIRED IF TAX DUE IS OVER \$200)**

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) =	
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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**