## Village of Millersburg Income Tax Department

6 N. Washington St. Millersburg, Ohio 44654 Phone (330) 674-6891 Fax (330) 674-9044

## 20**23** Village of Millersburg IncomeTaxReturn Due OnorBefore April1**5, 2024** Mandatory Resident FilingRequirement

1	Phone:			
	Millersburg Resident Dates://2023/2023			
	Tax Dept Use			
	Amount Paid \$			
	Cash Ck # MO			

## Income Tax Rate 1.5%

Name	Spouse				
		SSN or FED ID#:			
Address		SSN or FED ID#:			
City, State, Zip					
Section A – INCOME - Round all nu	umbore to the pearest	whole dellar			
		pensation <i>ATTACH ALL W-2's</i>			
This is the greater amount shown					
		106 or 2106EZ	()		
		terest, Pension, SS, Retirement, Unemploy, etc			
4) Business Income* or Loss* Loss	Business Income* or Loss* Loss may not be less than ZERO Attach Federal Schedule C or C-EZ				
· ———	-	ERO Attach Federal Schedule E			
•	-	RO Attach Federal Schedule F			
·	-	ed Income or (Loss) produced within the Villa			
only.		(, p	gg		
3	hru 6, subtracting the ai	mount on line 2 if any)			
Section B – TAX DUE		<i>37</i>			
	(line 7 x 1.50%)				
Section C - CREDITS (Tax Withhel	d for any other Munici	ipality is not allowed as a credit)			
9) Millersburg Village Income Tax With	held by your employer I	From W-2(s)			
The amount shown in Box 19 of you					
,	•				
• •		s 9 thru 11)			
Section D – AMOUNT DUE or REFL		10)	*		
		12)cks or money orders payable to Village of Millersl			
*Please do not remit amounts less tha			ourg, income rax bept.		
14) Overpayment Claimed**or Credit rec	juested( <i>Line 12 minus</i>	Line 8)	**		
**Refund requests for taxpayer's und	er the age of 18 must be a	ccompanied by proof of age.			
Amount of Line 14 you want:	Credited to 2024 Esti	mated Tax\$			
7 e. <u>-</u> e 7 . 7 e a	0.0 <b>u</b> 0 <b>u</b> 0 2 <b>02</b> . 20				
	Refunded				
	Refunds are not issue	ed for amount\$10.00 or less			
Χ		X			
Signature of Tax Preparer	Date	Signature of Taxpayer #1	 Date		
•		X			
Address of Preparer		Signature of Taxpayer #2	 Date		
riadi 633 di Fropulti		Digitator of Tanpayor #2	Duic		

Mail the completed & signed return, copies of schedules, W-2(s,) 1099's, and any other needed verification to: