

**VILLAGE OF HAMLER
Income Tax Department
P.O. Box 325, Hamler, OH 43524**

Per Calendar Period from January 1, thru December 31,
or Fiscal Period

From _____, thru _____,

For Office Use Only

**W2
COPIES
MUST
BE
ATTACHED**

Each person who resides in the Village of Hamler who engages in business or other activity shall, whether or not a tax is due, make and file return on or before April 15th, or with 4 months from the end of the fiscal period.

Taxpayer's Name and Address _____ **Return Service Requested** _____ **Your SSN** _____
Spouse SSN _____

SECTION A - RETURN

Enter **TOTAL** wages, salaries, commissions and other compensation received between January 1 and December 31 **BEFORE PAYROLL DEDUCTIONS**
Also, enter amount of Hamler Income Tax Withheld. Copy of W-2s must be attached.

(1)	(2)	(3)	(4)
Name of Employer	Where Employed (City and State)	Amount of Hamler Income Tax Withheld	Total Gross Earning Before Deduction
		\$	\$
1. Gross Compensation (Total of Col. 4, Section A)		\$	\$
2. Net Profit from Rentals - (ATTACH FEDERAL FORM E) (Net Losses Cannot be Deducted)			
3. Net Profit from Business - (ATTACH FEDERAL FORMS C, F, OR 2106) (Net Losses Cannot be Deducted)			
4. Income from Partnerships, etc - (ATTACH FEDERAL FORM E) (Net Losses Cannot Be Deducted)			
5. Total income from all sources subject to Hamler Income Tax (Total Lines 1, 2, 3, 4)			
6. Enter Total Tax Due @ 1% (Line 5 x .01)			
7. Tax Credit			\$
A. Hamler Tax Withheld (Column 3)		\$	
B. Estimated Tax Paid		\$	
C. Credit From Previous Year		\$	
D. Total Credits (A + B + C)		\$	
8. Balance of Tax Due (Line 6 - Line 7)(Make Check to Village of Hamler Income Tax)			\$
9. If your credits (Line 7) are larger than your tax due (Line 6) enter overpayment here			\$
10. Use an X to indicate whether overpayment is to be refunded <input type="checkbox"/> or credited towards next year <input type="checkbox"/>			

Note: No taxes or refunds of \$10.00 or less shall be collected or refunded.

SECTION B - DECLARATION

11. Total Income subject to Tax \$ _____ multiply by Tax Rate of 1%	\$
12. Less Tax to be Withheld	
A. Withheld by Employer	
B. Overpayment on Previous Year's Return	
C. Total Credits (A + B)	
13. Balance Tax Due (Line 11 less Line 12)	
14. Amount paid with this Declaration (Not less than 22.5% of Line 13)	
Balance of Tax	
15. Total of this payment (Line 9 plus Line 14)	\$

(Additional payments of estimated tax are due on 6/15 and 9/15 of the current year; and 1/15 of the following year; 22.5% of Line 13)

The undersigned declares that this return (and accompanying schedules) is a true, correct, and complete return for the taxable period stated and that the figures used herein are the same as used for Federal income tax purposes.

Signature of Person Preparing Return (if other than taxpayer) _____ Date _____

Signature of Taxpayer _____ Date _____

Address _____

Signature of Spouse _____ Date _____