

**VILLAGE OF MALVERN, OHIO
INCOME TAX RETURN** _____ YEAR

VILLAGE of MALVERN FILE ON OR BEFORE APRIL 15
116 W. Main Street OR FISCAL YEAR-FILE WITHIN
P.O. Box 384 105 DAYS OF END OF
Malvern, Ohio 44644 PERIOD.

FROM _____ TO _____

Retired and taxpayers w/no taxable Income - Check appropriate box
 Taxpayer Spouse
 Retired - Date Retired: _____
 Only Non-Taxable Income - List source _____
 Under Age 18 - Birthdate: _____
 Active Duty Military
 Deceased - Date: _____

Resident Non-Resident Part-Year Resident

Date Moved In _____
Date Moved Out _____

Do you rent? _____ Landlord's Name _____

Soc. Sec. No. (T) _____ TAX OFFICE USE ONLY
\$ _____

Soc. Sec. No. (S) _____
Processed by _____
 Check # _____

Fed. I.D. No. _____
 Cash

Taxpayer Name _____

Street Address of Residence _____

(Mailing Address if different) _____

1. WAGES	EMPLOYER'S NAME	WHERE EMPLOYED	TAX PAID OTHER CITIES	MALVERN TAX WITHHELD	TOTAL W-2 WAGES
W-2's MUST BE ATTACHED					

2. Totals - If W-2 is the only source of income, compute tax on line 9 below (2) \$ _____
 3. Business Income (attach Federal Schedule C or F) (3) \$ _____
 4. Rental Income (attach Federal Schedule E) (4) \$ _____
 5. Income or (loss) from Partnership or Corporation (attach appropriate federal forms) (5) \$ _____
 6. Ordinary Gain (attach Federal Form 4797) (6) \$ _____
 7. 2016 Adjustment (attach Federal Forms 2106 and Schedule A) (7) \$ _____
 8. Taxable Income (sum of lines 2 through 7) (8) \$ _____
 9. Malvern Income Tax 1% of line 8 (9) \$ _____

- (10a) \$ _____
 (b) Malvern Income Tax Withheld by Employer (s) (10b) \$ _____
 (c) Municipal Tax Paid to Other Cities (not to exceed 1% of each W-2 separation) (10c) \$ _____
 (d) Total Credits (add a, b, and c) (10d) \$ _____

11. Balance Tax Due (line 9 less 10d) (11) \$ _____

- Remittance payable to : Malvern Income Tax
 12. (A) Overpayment Claimed (12a) \$ _____
 (B) Amount of Line (12A) Credited to next year (12b) \$ _____
 (C) Amount of Line (12A) to be Refunded (12c) \$ _____

13. Penalty and Interest if paid after April 15th (13) \$ _____

14. Total Amount Due - MUST BE PAID IN FULL WITH THIS RETURN (14) \$ _____

NO PAYMENT DUE OR REFUND ISSUED IF UNDER \$10.00

PLEASE INCLUDE FRONT PAGE OF FEDERAL 1040 AS PER MALVERN ORDINANCE 20-2015

DECLARATION OF ESTIMATED TAX FOR YEAR _____

1. Total Income subject to Malvern tax \$ _____
 2. Malvern Tax calculated @ 1% of line 1 \$ _____ (2) \$ _____
 3. Estimated Credits:
 (A) Malvern Tax to be withheld (3A) \$ _____
 (B) Other cities tax to be withheld (3B) \$ _____
 (C) Overpayment on previous year's return (3C) \$ _____
 (D) Total of Lines (3A) through (3C) (3D) \$ _____
 4. Balance estimated Malvern tax line 2 minus (3D) (4) \$ _____
 5. Amount paid with this return (not less than 1/4 of line (4)) (5) \$ _____

IF PAYING AN ESTIMATE - PAY THIS AMOUNT

I CERTIFY THAT I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS)
AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE, CORRECT AND COMPLETE.

Signature of Person Preparing if Other Than Tax Preparer _____ Date _____

Signature of Taxpayer _____ Date _____

Address of Firm or Employer _____

Spouse _____ Date _____

Initial box to indicate Authorization of Direct Communication with Return Preparer.