File With: Form IR
Village of W. Alexandria
Income Tax Dept.
16 N. Main St.
W. Alexandria, Oh. 45381
This is not a
Federal Return

VILLAGE OF WEST ALEXANDRIA
INCOME TAX RETURN

For Calendar Period from January 1, thru December 31,

or Fiscal Period

from _____ , 20 _____ , thru _____ , 20_

An individual return must be filed on or before April 15.
A business return must be filed within 4 months from the end of the fiscal period.

FIRST CLASS MAIL
US POSTAGE
PAID
PERMIT #2
W. ALEXANDRIA, OH
45381

For Office Use Only

Taxpayer's Name and Address Return Service Requested

W 2 COPIES MUST BE ATTACHED

Your SS# _____ Spouse SS#_____

SCHEDULE A

Enter TOTAL wages, salaries, commissions and other compensation received between January 1 and December 31, BEFORE PAYROLL DEDUCTIONS
Also enter amount of Village Income Tax withheld. **Copy of W-2 form must be attached before credit will be given.**

(1) *Name of Employer*	(2) *Where Employed (City and State)*	(3) Amount of West Alexandria Income Tax Withheld	(4) Other City Tax Withheld. Not to exceed ½%	(5) Total Gross Earnings Before Deduction
		$	$	$
1. Gross Compensation (Total of Col. 5, Schedule A)		$	$	$
2. Net Profit from Rentals - (ATTACH FEDERAL FORM E) (Net Losses Cannot Be Deducted)				
3. Net Profit from Business or Profession - (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 West Alexandria Income Tax (Total Lines 1,2,3,4)				$
6. Enter Total Tax Due, 1% of Item 5				$
7. Tax Credit:				
A. West Alexandria Tax Withheld (Column 3) $ _____				
B. Other City Tax Withheld (Column 4, Cannot Exceed ½% of Each W-2) $ _____				
C. Estimated Tax Paid or Credit From Previous Year $ _____				
D. Total Credits				$
8. Balance of Tax Due (Make Check to Village of West Alexandria Income Tax)				$
9. If your payments (Item 7) are larger than your tax (Item 6) enter overpayment here				$

10. Use X to indicate whether overpayment is to be refunded to you ☐ or applied against your .....Declaration of Estimated Tax ☐

CREDITS OR REFUNDS NOT TO EXCEED AMOUNT OF TAXES ACTUALLY PAID TO THE VILLAGE.

(AMOUNTS OF LESS THAN ONE DOLLAR ($1.00) SHALL NOT BE COLLECTED OR REFUNDED)

CERTIFICATION

I declare that the information contained in this return has been examined by me and to the best of my knowledge and belief is a true and complete return.

_____ Signature of Taxpayer _____ Date

_____ *Signature of Firm or Persons, other than Taxpayer preparing the return* _____ *Date*

_____ *Signature of Taxpayer* _____ *Date*

RETURN ONE COPY/RETAIN ONE COPY