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 W. ALEXANDRIA, OH  
 45381

**File With: Form IR**  
 Village of W. Alexandria  
 Income Tax Dept.  
 16 N. Main St.  
 W. Alexandria, Oh. 45381

**VILLAGE OF WEST ALEXANDRIA  
 INCOME TAX RETURN**  
 For Calendar Period from January 1, thru December 31,  
 or Fiscal Period

from \_\_\_\_\_, 20\_\_\_\_, thru \_\_\_\_\_, 20\_\_\_\_  
 Each person who resides in the village of West Alexandria who engages in business or other activity, shall, whether or not a tax be due, make and file a return on or before April 15th or within 4 months from the end of the fiscal period.

**For Office Use Only**

This is not a  
 Federal Return

**W 2  
 COPIES  
 MUST  
 BE  
 ATTACHED**

Taxpayer's Name and Address      Return Service Requested

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) <i>Name of Employer</i>	(2) <i>Where Employed (City and State)</i>	(3) Amount of West Alexandria Income Tax Withheld	(4) Other City Tax Withheld. Not to exceed 1/2%	(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 1/2% 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

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**

