

Village of Huntsville  
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Huntsville, Ohio 43324  
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**HUNTSVILLE VILLAGE  
INCOME TAX RETURN**  
FILING REQUIRED EVEN IF NO TAX IS DUE

**MUST FILE BY APRIL 15, 2024**

CALENDAR YEAR \_\_\_\_\_

Residency Status (Check one)  
Resident \_\_\_\_\_ Non Resident \_\_\_\_\_  
Part Year Resident \_\_\_\_\_  
Date Moved In \_\_\_\_\_ Moved Out \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Social Security # \_\_\_\_\_  
Social Security # \_\_\_\_\_  
Federal ID # \_\_\_\_\_  
Date Business Started \_\_\_\_\_

[Empty box for Taxpayer Name and Address]

TAXPAYER NAME AND ADDRESS

**1. REQUIRED ATTACHMENTS: ALL W-2's, FRONT PAGE OF 1040, ALL REFERENCED SCHEDULES.....**

Employers Name City Where Employed 1a. Huntsville Tax Withheld NO CREDIT 1b. Medicare Wages Box 5 of W-2s

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TOTAL 1a. \_\_\_\_\_ 1b. \_\_\_\_\_

**IF NO OTHER INCOME, COMPUTE YOUR TAX ON LINE 5**

- 2. Income From Self Employment (Attach Federal Schedule C)..... 2. \_\_\_\_\_
- 3. Income From Rents or Leases (Attach Federal Schedule E) ..... 3. \_\_\_\_\_
- 4. Other Taxable Income (Attach Schedules, W-2G from Gambling or Total from page 2..... 4. \_\_\_\_\_
- 5. Total Taxable Income (Colum 1C plus line 2, 3 and 4 ..... 5. \_\_\_\_\_
- 6. Huntsville Village Income Tax - 1% of Line 5 ..... 6. \_\_\_\_\_
- 7. CREDITS:
  - a. Huntsville Village Tax Withheld (Colum 1a above)..... a. \_\_\_\_\_
  - b. Estimated Tax Paid..... b. \_\_\_\_\_
  - c. Credit From Prior Years..... c. \_\_\_\_\_
- TOTAL CREDITS..... 7. \_\_\_\_\_
- 8. Tax Due (Subtract Line 7 From Line 6)..... 8. \_\_\_\_\_

**IF FILED AND/OR PAID AFTER APRIL 15 COMPLETE NO. 9**

- 9. a. Penalty (15% of line 8) if past April 15<sup>th</sup>..... a. \_\_\_\_\_
  - b. Interest (.58 % per month of line 8) if past April 15<sup>th</sup>..... b. \_\_\_\_\_
  - c. Late Filing Fee (\$25.00 per month if past April 15<sup>th</sup>..... c. \_\_\_\_\_
  - d. Total of Line 9a, b and c..... 9. \_\_\_\_\_
  - 10. Total Tax Due ( Line 8 plus 9) (Make check Payable to Huntsville Income Tax)..... 10. \_\_\_\_\_
- NOTE: Refund or Tax Due of \$10.00 or less is not payable.
11. Overpayment Refund \$ \_\_\_\_\_ Credit to New Estimate \$ \_\_\_\_\_

**DECLARATION OF ESTIMATED TAX**

- 12. Estimated Income Subject to Tax \$ \_\_\_\_\_ tax rate of 1% ..... 12. \_\_\_\_\_
- 13. Estimated Tax Withheld by your Employer(s) ..... 13. \_\_\_\_\_
- 14. Overpayment applied from 2019 ..... 14. \_\_\_\_\_
- 15. Other Payments and Credits ..... 15. \_\_\_\_\_
- 16. Total Payments and Credits (Add Lines 13, 14 and 15)..... 16. \_\_\_\_\_
- 17. Net Estimated Tax Due (Line 12 minus line 16) ..... 17. \_\_\_\_\_
- 18. Estimated Tax Paid With Return (Not less than 25% of line 17) ..... 18. \_\_\_\_\_
- 19. TOTAL DUE (Line 10 plus Line 18) ..... 19. \_\_\_\_\_

**Make Check Payable to the VILLAGE OF HUNTSVILLE INCOME TAX**

The undersigned declares that this return, and accompanying schedules is a true, correct and complete return for the taxable period stated.  
If this return was prepared by a tax professional, may we contact them directly \_\_\_\_ yes \_\_\_\_ no

Signature \_\_\_\_\_ Date \_\_\_\_\_ Tax Preparer \_\_\_\_\_ Date \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_ Telephone Number \_\_\_\_\_ Address \_\_\_\_\_

## SCHEDULE C - BUSINESS INCOME

BUSINESS NAME	Net Income/Loss	Percentage	Taxable Income
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
	From Attachment(s) ..... _____		
	TOTAL (Enter on Page 1 Line 2)..... _____		

## SCHEDULE E - RENTAL INCOME

Address of Property	Rent Received	Total Expenses	Net Income/Loss
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
	From Attachment(s)..... _____		
	TOTAL (Enter on page 1 line 3)..... \$ _____		

## SCHEDULE O - OTHER TAXABLE INCOME

From	Description	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
	From Attachment(s) ..... _____	
	TOTAL (Enter on Page 1 Line 4) ..... \$ _____	

## SCHEDULE Y - BUSINESS ALLOCATION FORMULA

	A. Located Everywhere	b. Located In	c. Percentage
Step 1. Average Value of Real and Tangible Property .....	\$ _____	\$ _____	_____
Gross Annual Rents Times 8.....	_____	_____	_____
<b>TOTAL STEP 1.....</b>	_____	_____	_____ %
Step 2. Wages, Salaries, Etc. paid .....	_____	_____	_____ %
Step 3. Gross Receipts from Sales Made and/or Work or Services Performed .....	_____	_____	_____ %
Step 4. <b>TOTAL PERCENTAGES</b> .....	_____	_____	_____ %
Step 5. <b>AVERAGE PERCENTAGE</b> (Divide total percentages by number of factors present) .....	_____	_____	_____ %

### NON-TAXABLE INCOME

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>A. Capital Losses - Excluding Ordinary Losses</li> <li>B. Income from Qualified Pension Plans</li> <li>C. Proceeds of Life Insurance</li> <li>D. Workers Compensation</li> <li>E. Active duty Military Pay (Including National Guard<br/>    When on Active Duty)</li> <li>F. Patent or Copyright Income</li> <li>G. Interest or Dividend Income</li> <li>H. Income from Religious, Governmental, Charitable, Educational or Educational Organizations.</li> </ul> | <ul style="list-style-type: none"> <li>I. Social Security Income</li> <li>J. State Unemployment Benefits</li> <li>K. Earnings of Persons Under 18 Years of Age</li> <li>L. Royalties derived from Intangible Property</li> <li>M. Health and Welfare Benefits Distributed by</li> <li>N. Compensatory Insurance Proceeds</li> <li>O. Welfare Benefits</li> <li>P. Annuity Distributions</li> </ul> |
|---|--|

THIS TAX FORM MUST BE SIGNED, DATED ACCOMPANIED BY PAYMENT IF TAX IS DUE, AND ALL SCHEDULES ATTACHED BEFORE THIS FORM IS CONSIDERED A LEGAL TAX RETURN. EXTENSIONS WILL BE GRANTED ONLY IF A COPY OF THE FEDERAL EXTENSION IS RECEIVED BY APRIL 15<sup>TH</sup>.