

FILE WITH:  
Westfield Center  
Income Tax Dept.  
P.O. Box 750  
Westfield Center, OH 44251  
Phone (330) 887-5151

# Village of Westfield Center

## Individual Income Tax Return

MAKE CHECK OR MONEY  
ORDER PAYABLE TO:  
Westfield Center  
Income Tax.  
Secure Credit Card  
Payments can be  
submitted on our website  
www.westfieldcenter.org

For the Calendar Year of ~~2024~~ Filing Deadline **April 15, 2025**

Name & Address

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

Acct. Number: \_\_\_\_\_  
 Resident  
 Non Resident  
 Sole Proprietor

All Year Resident?  Yes  No  
Move in date: \_\_\_\_\_  
Move out date: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
If renting a residence, name and address of owner  
\_\_\_\_\_  
\_\_\_\_\_

**1. W2 INCOME: Employer & Work Location** (include copies of W2 with amounts in box 5 (and 18) if applicable )

**Amount (usually box 5 of W2)**

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

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

**TOTAL W2 INCOME**

**1.**

**2. OTHER INCOME: BUSINESS, RENTS OR Professional** (Fed Sch C, E, F, K-1, 1099-Misc) Attach Copies

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

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

**TOTAL OTHER INCOME**

**2.**

**3. TOTAL INCOME SUBJECT TO WESTFIELD CENTER TAX**

(Add box 1 and box 2)(Losses may not be used to offset W-2 income from line 1)

**3.**

**4. TOTAL WESTFIELD CENTER INCOME TAX** (Multiply box 3 by 1%) 0.01

**4.**

**5. CREDITS**

a. Westfield Center Income Tax Withheld

b. Estimated tax payments paid toward 2024 liability

c. Prior year credits carried forward

d. Credit for taxes paid to other municipality(s) (Limit 1%)

e. Total Credits (Add 5a through 5d and enter here)

**5.**

**5. TAX DUE (Subtract line 5e from line 4)** (If less than \$10.00 enter \$0)

**6.**

**6. OVERPAYMENT** (if line 5e is greater than line 4 and over \$10.00) enter amount to be credited and/or refunded

**AMOUNT CREDITED TO NEXT YEAR'S TAX** \_\_\_\_\_

**AMOUNT REFUNDED** \_\_\_\_\_

Declaration of Estimated Tax for Year **2025** Mandatory if Estimated Tax Liability (Line 10) is \$200 or Greater

**8. ESTIMATED TAXABLE INCOME** \$ \_\_\_\_\_ Multiply by tax rate of 1% for gross tax of

**8.**

**9. LESS EXPECTED TAX CREDITS**

a. Tax Withheld By Employer For Westfield Center

b. Credit for Tax Paid to Another Municipality (1% Limit)

c. Total Estimated Credits (Add 9a and 9b)

**9.**

**10. NET 2025 ESTIMATED TAX LIABILITY DUE** (Line 8 less Line 9)

**10.**

**11. FIRST QUARTER ESTIMATED PAYMENT**

a. Amount due with this Declaration (Minimum 22.5% of Line 10)

b. Less Overpayment Credit (From Line 7 Above)

c. Net First Quarter Estimated Payment (Line 11a less 11b)

**11.**

**12. TOTAL ENCLOSED PAYMENT** (Line 6 plus Line 11)

**12.**

I hereby certify that this return (and accompanying schedule(s)) is true, correct and complete return pursuant to the Westfield Center Ordinances.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Signature of person preparing, if other than taxpayer: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Printed name of preparer: \_\_\_\_\_

May we contact your tax preparer directly?  Yes  No Preparer phone number: \_\_\_\_\_

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# Village of Westfield Center

Office Use Only

Name & Address

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

## Tax Exemption Statement

**If you were exempt from income tax for 2024 complete only this portion  
 and return it by April 15, 2025**

I am a resident of Westfield Center and I am not required to pay income tax in 2024 because:

- RETIRED, receive only pension, Social Security, interest or dividend income
- AN ACTIVE MEMBER OF THE ARMED FORCES OF THE UNITED STATES FOR THE ENTIRE YEAR. (This does not include civilians employed by the military or National Guard.)
- UNDER 18 FOR THE ENTIRE YEAR.
- NO EARNED INCOME FOR THE ENTIRE YEAR. (Public Assistance, Unemployment, SSI, etc.)
- BUSINESS CLOSED OR RENTAL PROPERTY SOLD \_\_\_\_/\_\_\_\_/\_\_\_\_ (date).
- ESTABLISHED DOMICILE IN ANOTHER CITY.

**I hereby certify that I am exempt from Westfield Center income tax for 2024 and this is a true, correct,  
 and complete statement pursuant to the ordinances and regulations of the Village of Westfield Center.**

Signature \_\_\_\_\_ date \_\_\_\_\_ Spouse Signature \_\_\_\_\_ date \_\_\_\_\_

If prepared by other than tax filer; signature of person preparing: \_\_\_\_\_

Printed name of preparer: \_\_\_\_\_

May we contact your tax preparer directly?    Yes    No    Preparer phone number: \_\_\_\_\_

### **Submit Address Change (if needed)**

Taxpayer Names		Phone Number
New Address		Move In
City	State	Zip
		Move Out