

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

Village of Westfield Center

MAKE CHECK OR MONEY
 ORDER PAYABLE TO:
 Westfield Center
 Income Tax

Individual Income Tax Return

For the Calendar Year of _____

NAME: _____
 ADDRESS: _____

Acct. Number _____

Did you live in Westfield Center all year? Yes No If No, Move in date _____ Move out date _____

W-2 Income: List Gross Income by Employer To The Right (attach W-2s)(usually box 5 of W2) Amount

_____	_____
_____	_____
_____	_____
_____	_____
Total	_____

Income: Business, Rents, or Professional: (Attach Federal Schedule C or E) Amount

_____	_____
_____	_____

A Total Gross Income subject to Westfield Center Tax **A** _____

B Total Westfield Center Income Tax Due ("A" multiplied by .01) **B** _____

C Credits paid on Westfield Center Income Tax:

- 1. Westfield Center Income Tax Withheld **1** _____
- 2. Payments on Declaration of Estimated Income Tax for _____ **2** _____
- 3. Credit from Previous Tax Year **3** _____
- 4. Tax Credit for taxes paid to another city, NOT TO EXCEED 1% EACH W-2 **4** _____

Total **C** _____

D Balance of Tax Due (must be paid with the filing of this return) **D** _____

E If your credits (C) are larger than your tax due (B) then enter Overpayment here **E** _____

(Amount of \$10.00 or less is not refundable or payable)

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

Declaration of Estimated Income For: :Submit payments if annual estimate exceeds \$200 Amount

F Total Estimated Income subject to Westfield Center Tax _____

G Total Estimated Tax Due ("F" multiplied by .01) _____

H Amount Due with Declaration ("G" multiplied by .25) _____

I Less Overpayment applied against your Declaration of Estimated Tax (All or part of Line E) _____

J Amount Paid with Declaration _____

I hereby certify that this is a true, correct, and complete return pursuant to the Westfield Center Ordinances and Regulations.

Signed _____ date _____ Signed _____ date _____

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NAME: _____

ADDRESS: _____

If you need to change your name and address use this section:

Taxpayer Name			
Name of spouse if joint return			
Address	Move In / /		
Address Line 2			
City	State	Zip	Move Out / /

If you were exempt from income tax for _____ complete this portion and return this entire form by _____

I am a resident of Westfield Center and I am not required to pay income tax in _____ 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 this is a true, correct, and complete statement pursuant to the Westfield Center Ordinances and Regulations.

Signed _____ date _____ Signed _____ date _____