FILE WITH:
Village of Convoy
Income Tax Dept.
P.O. Box 310
Convoy OH 45832-0310
Phone 419-749-2266

Village of Convoy

Individual Income Tax Return

For the Calendar Year of 20____ Filing Deadline April 15, 20___

Acct. Number _____

Estimated Tax Paid: $0.00
(enter for part C line 2)

Did you live in Convoy, OH all year?   Yes   No   If No, Move in date _____   Move out date _____

Income: List Gross Income by Employer To The Right (attach W-2s & 1099's)   **Amount**

Use income reported on Box 5 of W-2

_____   _____

_____   _____

_____   _____

Total   _____

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

_____   _____

_____   _____

A Total Gross Income subject to Convoy   A_____

B Total Convoy Income Tax Due **("A" multiplied by .01)**   B_____

C Credits paid on Convoy Income Tax:

  1. Convoy Income Tax Withheld **(Box 19 of W-2)**   _____

  2. Payments on Declaration of Estimated Income Tax for 20____   _____

  3. Tax Credit for taxes paid to other city or county, *NOT TO EXCEED 1% EACH W-2*   _____
       (Box 19 of W-2)

     Total Tax Credits **(Total of lines 1, 2, 3)**   _____

   Late return filing penalty $25.00   filing after April deadline   _____

D Balance of Tax Due (must be paid with the filing of this return) **(Line B – Line 4)**   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: 20____   Amount

F Total Estimated Income subject to Convoy Income Tax   F_____

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

H Overpayments $_____(subtract from "G")   H_____

I Amount Due with Declaration ("H" multiplied by .25)   I_____

J Amount Paid with Declaration   J_____

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

Signed_____ Date_____ Signed_____ Date_____

Phone No._____   Phone No._____