

VILLAGE OF FAYETTE
 INCOME TAX RETURN
 PO BOX 87, FAYETTE, OH 43521

For Office Use Only

Calendar Period from January 1, _____ – December 31, _____ or Fiscal Period:

From _____, 20____, thru _____, 20____

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

W2
 COPIES
 MUST
 BE
 ATTACHED

Taxpayer's Name and Address

Return Service Requested

Account #:

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 must be attached before credit will be given.

(1)	(2)	(3)	(4)	(5)
Name of Employer	Where Employed (City and State)	Amount of Fayette Income Tax Withheld	Other City Tax Withheld Not to exceed 1.5%	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 Fayette Income Tax (Total Lines 1, 2, 3, 4)			
6. Enter Total Tax Due, 1.5% of Item 5		\$	
7. Tax Credit:		\$	
A. Fayette Tax Withheld (Column 3)			
B. Other City Tax Withheld (Column 4, Cannot Exceed 1.5% 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 Fayette 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 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	_____ Signature of Taxpayer	_____ Date