

INDIVIDUAL - \_\_\_\_\_ Tax Year  
**INCOME TAX RETURN**  
**NEWTON FALLS**

Taxpayer's Social Security No.	
Home Telephone No.	Business Telephone No.
Spouse's Social Security No.	
Spouse's Name	
Home Telephone No.	Business Telephone No.
<input type="checkbox"/> RESIDENT <input type="checkbox"/> NON-RESIDENT	
IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES INTO / / OUT OF / /	
IF YOU RENT, PLEASE GIVE LANDLORDS INFORMATION NAME _____ ADDRESS _____	

**MAKE CHECK OR MONEY ORDER TO:**  
 NEWTON FALLS INCOME TAX

419 N CENTER ST  
 NEWTON FALLS OH 44444

Voice 330-872-0080 Fax 330-872-1065

**Due Date 04/15/**  
 A copy of Federal 1040, all W2's and all Federal Schedules are **REQUIRED** for income verification. A copy of your Federal Extension is required by our filing deadline; otherwise, penalties will apply.

Name \_\_\_\_\_  
 And \_\_\_\_\_  
 Address \_\_\_\_\_

**Filing Status**

Single  
 Married filing joint  
 Married filing separate

NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_

**Income**

1 Wages, salaries, tips, etc. 1 \_\_\_\_\_  
 2 Other taxable income 2 \_\_\_\_\_  
 3 Total taxable income (add lines 1 and 2) 3 \_\_\_\_\_

**Tax and Credits**

4 Newton Falls tax due before credits (1.000% of line 3) 4 \_\_\_\_\_  
 5 Estimated tax payments made to Newton Falls 5 \_\_\_\_\_  
 6 Taxes withheld and paid to Newton Falls 6 \_\_\_\_\_  
 7 Overpayment from prior year(s) 7 \_\_\_\_\_  
 8 Taxes withheld and paid to other localities 8 \_\_\_\_\_  
 Credit cannot exceed 100.0% of tax withheld up to 1.00% of income earned in each location.  
 9 Total credits (add lines 5 through 8) 9 \_\_\_\_\_

**Refund** ( Issued if greater than 1.00 )

10 If line 9 is greater than line 4, subtract line 4 from line 9. This is the amount you overpaid 10 \_\_\_\_\_  
 11 Amount of line 10 to be credited to next years estimate 11 \_\_\_\_\_  
 12 Amount of line 10 to be refunded 12 \_\_\_\_\_

**Tax Due** ( if greater than 1.00 )

13 If line 4 is more than line 9, subtract line 9 from 4, this is the tax amount you owe 13 \_\_\_\_\_  
 14 Penalties and interest **Late File** \_\_\_\_\_ **Late Pay** \_\_\_\_\_ **Late Estimate** \_\_\_\_\_ **Interest** \_\_\_\_\_ 14 \_\_\_\_\_

**Declaration of Estimate For**

15 Estimated income 15 \_\_\_\_\_  
 16 Estimated tax due. Multiply line 15 by 1.000% 16 \_\_\_\_\_  
 17 Taxes to be withheld and paid to Newton Falls and other localities 17 \_\_\_\_\_  
 18 Prior credit applied to estimated tax payments (From line 11) 18 \_\_\_\_\_  
 19 Net estimated tax due (subtract line 17 and 18 from 16) 19 \_\_\_\_\_  
 20 Minimum amount due for first quarter (multiply line 19 by 25%) 20 \_\_\_\_\_

**Amount You Owe**

21 Total amount due (add lines 13, 14 and 20) 21 \_\_\_\_\_

**Tax Office Use Only : Tax Office Use Only : Tax Office Use Only**

By signing this return, I declare this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated and that the figures used herein are the same as used for Federal Income Tax purposes.

\_\_\_\_\_  
 Taxpayer's Signature Date

\_\_\_\_\_  
 Spouse's Signature Date

\_\_\_\_\_  
 Tax Preparer's Signature Date

(If other than taxpayer) Phone No. \_\_\_\_\_

May CITY OF NEWTON FALLS discuss this return with the preparer shown above \_\_\_ Yes \_\_\_ No