

INDIVIDUAL - 2007
INCOME TAX RETURN
SPENCERVILLE

MAKE CHECK OR MONEY ORDER TO:
VILLAGE OF SPENCERVILLE INCOME TAX
DEPARTMENT
PO BOX 57
Spencerville OH 45887

Voice 419-647-4171 Fax 419-647-2024
E-mail WWW.SPENCERVILLEOH.COM

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.

Name
And
Address

Filing Status
Single
Married filing joint
Married filing separate
RESIDENT
NON-RESIDENT
IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES
INTO / /
OUT OF / /
IF YOU RENT, PLEASE GIVE LANDLORDS INFORMATION
NAME
ADDRESS

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

Tax and Credits
4 Spencerville tax due before credits (1.250% of line 3)
5 Estimated tax payments made to Spencerville
6 Taxes withheld and paid to Spencerville
7 Overpayment from prior year(s)
8 Taxes withheld and paid to other localities
Credit cannot exceed 100.0 of tax withheld up to 1.25 of income earned in each location.
9 Total credits (add lines 5 through 8)

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
11 Amount of line 10 to be credited to next years estimate
12 Amount of line 10 to be refunded

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
14 Penalties and interest Late File Late Pay Late Estimate Interest

Declaration of Estimate For 2008
15 Estimated income
16 Estimated tax due. Multiply line 15 by 1.250%
17 Taxes to be withheld and paid to Spencerville and other localities
18 Prior credit applied to estimated tax payments (From line 11)
19 Net estimated tax due (subtract line 17 and 18 from 16)
20 Minimum amount due for first quarter (multiply line 19 by 25%)

Amount You Owe
21 Total amount due (add lines 13, 14 and 20)

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

Taxpayer's Signature Date
Spouse's Signature Date
Tax Preparer's Signature Date
(If other than taxpayer) Phone No.