

Village of Navarre Income Tax Return

27 Canal St. W., Navarre, Ohio 44662

330-879-5508

www.navarreohio.net

For calendar year ending December 31

DUE DATE - APRIL 15

FILING REQUIRED IF NO TAX DUE

TAXPAYER'S SOCIAL SECURITY #

SPOUSE'S SOCIAL SECURITY #

PRINT NAME and ADDRESS IF MISSING (Indicate Changes)

Indicate Filing Status: _____ Individual _____ Joint _____ Other

BIRTH DATE _____

Home Phone () _____ Work Phone () _____

Are you or the business entity a resident () Yes () No

Moved INTO NAVARRE on _____

PREV. ADDRESS _____

Moved OUT OF NAVARRE on _____

PRESENT ADDRESS _____

IF EXEMPT FROM FILING TAX RETURN ENTER CODE # (See Reverse Side)

ALL W-2 & 1099 COPIES MUST BE ATTACHED	EMPLOYER'S NAME	WHERE EMPLOYED	Credit for tax paid to other cities (up to 1.5%)	NAVARRE TAX PAID	TOTAL W-2 & 1099 WAGES
	TOTAL		\$	\$	\$

1. WAGES AND SALARIES - Use highest dollar amounts on each W-2 1. \$ _____
2. Total adjustments from Back of Form (if applicable) - Losses cannot reduce W-2 earnings 2. \$ _____
3. Wages earned outside Navarre by part year non-resident or prior to 18th birthday 3. Deduct \$ _____
4. Allowable Employee Business Expenses (Documentation required.) 4. Deduct \$ _____
5. Taxable Income (Add lines 1 and 2, subtract lines 3 and 4) 5. \$ _____
6. Village of Navarre Tax (1.5% of Line 5) 6. \$ _____
7. CREDITS
 - (a) Navarre Income Tax withheld by employer(s) 7a. \$ _____
 - (b) Municipal Tax paid to other cities
(Cannot exceed 1.5% of income earned in each location.) 7b. \$ _____
 - (c) Payment of Declaration of Estimated Tax 7c. \$ _____
 - (d) TOTAL CREDITS (add a, b, c) 7d. Deduct \$ _____
8. BALANCE DUE (If line 6 exceeds Line 7d enter difference here) 8. \$ _____
9. Overpayment claimed (If Line 7d exceeds line 6) 9. \$ _____
10. Credit next year's Estimate 10. \$ _____
11. TO BE REFUNDED 11. \$ _____
12. Late filing Penalty - (returns filed after filing deadline), enter \$25.00 fine 12. \$ _____
13. INTEREST - 1% PER MONTH (effective the first day of each month)
for the first SIX MONTHS or \$25 MINIMUM - 2% PER MONTH THEREAFTER 13. \$ _____
14. Total amount due. **MUST BE PAID IN FULL WITH THIS RETURN**
NO TAXES OF LESS THAN \$5.00 SHALL BE COLLECTED OR REFUNDED. 14. \$ _____

OPTIONAL DECLARATION OF ESTIMATED TAX FOR TAX YEAR _____

1. Total income subject to Navarre tax \$ _____ x 1.5% 1. \$ _____
2. LESS TAX TO BE WITHHELD 2. \$ _____
3. Balance estimated tax 3. \$ _____
4. Less Credits: a. Overpayment on previous year's return 4a. \$ _____
b. Other (specify) 4b. \$ _____ Total Credits \$ _____
5. Net Tax due (line 3 less total of line 4) 5. \$ _____
6. Amount paid with this return (not less than 1/4 X line 3 minus line 4) Make remittance payable to Village of Navarre 6. \$ _____

I CERTIFY I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) AND TO THE BEST OF MY KNOWLEDGE, I BELIEVE IT IS TRUE, CORRECT AND COMPLETE.

May the Village discuss this tax return with preparer? Yes No

Signature of Person Preparing, if Other Than Taxpayer _____ Date _____

Signature of Taxpayer Required _____ Date _____

Address or Name and Address of Firm _____ Preparer's Phone _____

Spouse's Signature _____ Date _____

File this return with Navarre Tax Department on or before **April 15**, or within 4 months after close of a fiscal year or period. Requests for extensions must be submitted in writing on or before the filing deadline.

PROFIT OR LOSS FROM SCHEDULE C & E OR K-1

(A COPY OF THE FEDERAL FORM 1040 AND APPLICABLE SCHEDULES MUST BE ATTACHED)

1.	SCHEDULE C NET PROFIT OR LOSS	\$ _____
2.	SCHEDULE E NET PROFIT OR LOSS	\$ _____
3.	NET PROFIT OR LOSS (Add lines 1 and 2)	\$ _____
4.	ADD ITEMS NOT DEDUCTIBLE	\$ _____
5.	DEDUCT ITEMS NOT TAXABLE	\$ (_____)
6.	LESS ALLOCABLE NET LOSS CARRY FORWARD (Five year limit)	\$ _____
7.	NET PROFIT OR LOSS TAXABLE BY THE VILLAGE OF NAVARRE (Line 3 + line 4 - line 5 - line 6)	\$ _____

CODES AND REASONS FOR EXEMPTIONS OF INCOME

CODE #	REASON
001	Retired, receiving only pension, social security, interest or dividends.
002	Under 18 years of age all year _____ (Attach documentation of date of birth.)
003	Active Duty military
004	Taxpayer is deceased. Give date of death: _____
005	Moved from Navarre prior to January 1. Give date of move and new address (Attach required documentation.) _____
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006	On Government Assistance, received no other income.
007	Received only alimony and/or child support and no other income.
008	Unemployed all year, received only unemployment compensation and no other income.
009	Disabled, received only Worker's Compensation.
010	Other: Give reason _____

CODES AND REASONS FOR REFUND REQUESTS

CODE #	REASON
011	I was under the age of 18 and taxes were withheld. (Attach proof of age: Birth Certificate, Driver's License, State ID Card.)
012	Due to the 2106 expense guidelines there is an overpayment. (Attach Federal forms 1040, 2106 and Schedule A.)
013	I was only a part-year resident. (Attach documents that prove the move out date.)
014	I was a non-resident that worked less than 100% in the Village. (Obtain required form from Income Tax Department.)
015	My employer erroneously withheld Navarre tax. (Attach documentation of non-residency and out of City employment.)
016	My employer overwithheld Village of Navarre tax.
017	I overpaid my estimate.
018	Other: Give reason _____ (Attach necessary documentation.)

TAX RETURN CHECKLIST

1. Did you sign your return?
2. Did you use the highest amount of gross wages on W-2s?
3. Did you enclose all supporting documentation?
4. If you moved during the year, did you indicate your new address and provide documentation?
5. Did you attach proof of age if applicable?
6. Did you sign and enclose your check or money order if an amount is due? Please do not send cash.