

Calendar year Taxpayers-File this Return
with Cadiz Income Tax Dept.
Due Date: Same as Federal Filing Deadline
Fiscal Year-
File within 4 months after
End of the Period
Fiscal Period _____ to _____

VILLAGE OF CADIZ, OHIO
INCOME TAX RETURN
20____

Resident ____
Non-Resident ____
Part year Resident ____
Moved INTO Cadiz _____
Moved OUT OF Cadiz _____

Name: _____

SOCIAL SECURITY NUMBERS

Address: _____

TAXPAYER: _____

SPOUSE: _____
OR

FED ID#: _____

1. COMPENSATION FROM WAGES-ATTACH W-2'S* USE AMT IN BOX 5, IF NO AMT IN BOX 5 USE BOX 18 FROM W-2**

EMPLOYER	CITY EMPLOYED	CADIZ TAX WITHHELD	WITHHELD OTHER CITY	GROSS WAGES
			TOTAL WAGES	1.

2. Other Taxable Income (From line 4, second page if applicable):
- a. Business Profit (Attach Federal Schedules).....\$ _____
 - b. Rental Income (Attach Federal Schedule E).....\$ _____
3. Deduct Employee Business Expenses (Attach Federal Form 2106 and Federal Schedule A)....\$ _____
4. TAXABLE INCOME (Line 1 plus Line 2 less Line 3).....\$ _____
5. Cadiz City Tax Due (1.00% of line 4).....\$ _____

6. CREDITS
- A. Cadiz Income Tax Withheld by Employers.....\$ _____
 - B. Income Tax Paid to Other Cities (NOT TO EXCEED 1% OF EACH W-2).....\$ _____
 - C. Amount of Estimated Payments.....\$ _____
 - D. Amount brought forward from a previous return.....\$ _____
 - E. TOTAL CREDITS.....\$ _____

7. BALANCE TAX DUE (line 5 minus line 6E).....\$ _____
(PAYMENT IN FULL MUST ACCOMPANY THIS RETURN)

8. OVERPAYMENT TO BE REFUNDED \$ _____ OR CREDITED \$ _____ TO NEXT YEAR.

NOTE: NO TAXES, CREDITS, OR REFUNDS OF \$10.00 OR LESS SHALL BE COLLECTED, CREDITED, OR REFUNDED.

OPTIONAL SECTION

9. Enter Estimated Taxable Income for next year.....ESTIMATE \$ _____
10. Enter 1% of line 9 or 1st quarter estimate (SEE WORKSHEET).....\$ _____
11. **TOTAL DUE** (LINE 7 + LINE 10 MINUS AMOUNT CREDITED FROM LINE 8).....\$ _____

Make check or money order payable to:
Village of Cadiz Income Tax

Mail To: Village of Cadiz Income Tax Dept.
PO Box 352
Cadiz, Ohio 43907

I certify that I have examined this return (including accompanying schedules and statements) and to the best of my knowledge and believe it is true, correct, and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which preparer has any knowledge.

Preparer Name if other than taxpayer

Signature of Taxpayer

Date

___ Check here if you grant permission to discuss this return
Your tax preparer.

Signature of Spouse

Date