

MAIL RETURN AND PAYMENT TO:
ARCANUM TAX DEPARTMENT
PO BOX 157
ARCANUM, OH 45304
(937) 692-8500
FILING REQUIRED EVEN IF NO TAX IS DUE
ON OR BEFORE APRIL 15TH OR 4 MONTH
AFTER THE END OF THE FISCAL PERIOD

ARCANUM
INCOME TAX RETURN
FOR THE CALENDAR YEAR
OR FISCAL PERIOD
_____ TO _____

MAKE CHECK OR MONEY ORDER
PAYABLE TO
VILLAGE OF ARCANUM

TAX YEAR
2022

TAXPAYER'S NAME AND ADDRESS

[Redacted Taxpayer Name and Address]

TELEPHONE:
HOME: _____
CELL: _____
BUSINESS FIN: _____
YOUR SS#: _____
SPOUSE SS#: _____

CHANGE OF ADDRESS: _____

ARE YOU RETIRED? YES NO
DATE RETIRED _____

IF MOVED SINCE THE PREVIOUS FINAL RETURN WAS DUE GIVE DATE:
DATE INTO VILLAGE _____ DATE OUT OF VILLAGE _____

NOTE: Page 2 must be completed if you have taxable rental property or business income. (ON BACK OF THIS FORM) - ATTACH FEDERAL SCHEDULES.

- 1. WAGES, SALARIES, TIPS LOTTERY/GAMBLING WINNINGS (USE BOX 5 OF W2 FORM)..... \$ _____
ATTACH ALL W-2s, FEDERAL 1040 & FEDERAL SCHEDULES TO BACK OF TAX RETURN
- 2. OTHER TAXABLE INCOME FROM PAGE 2 (CANNOT DEDUCT LOSS FROM WAGES) \$ _____
- 3. TOTAL TAXABLE INCOME: LINE 1 PLUS LINE 2 \$ _____
- 4. MUNICIPAL TAX 1% (.01) OF LINE 3 (ROUND AMOUNTS TO NEAREST DOLLAR) \$ _____
- 5. CREDITS:
 - A. ARCANUM TAX WITHHELD BY EMPLOYER(S) \$ _____
 - B. ESTIMATED TAX PAID \$ _____
 - C. PRIOR YEAR OVERPAYMENTS \$ _____
 - D. TOTAL CREDITS (ROUND AMOUNTS TO NEAREST DOLLAR) \$ _____
- 6. TAX DUE (IF LINE 4 IS GREATER THAN LINE 5D, PAYMENT OF BALANCE MUST ACCOMPANY THIS RETURN) \$ _____
 - A. LATE FILING FEE-\$25 PER MONTH AFTER APRIL 15TH. (UP TO \$150 MAXIMUM)..... \$ _____
 - B. LATE PAYMENT PENALTY (15% OF LINE 6) \$ _____
 - C. INTEREST (7% PER ANNUM, .58% PER MONTH LATE)..... \$ _____
 - D. TOTAL PENALTIES AND INTEREST DUE \$ _____
- 7. TAX DUE INCLUDING PENALTIES AND INTEREST BEFORE ESTIMATED TAXES (ADD LINE 6. TO 6D.) \$ [Redacted]
- 8. OVERPAYMENT: REFUNDED \$ _____ OR CREDITED TO EST. TAXES \$ _____

NOTE: IF TAX DUE OR OVERPAYMENT IS LESS THAN \$10.00 - NO TAX, REFUND OR CREDIT CARRY-OVER IS DUE.

DECLARATION OF ESTIMATED TAX (IF TAX DUE IS OVER \$200.00)

- 9. INCOME SUBJECT TO TAX\$ _____ TIMES TAX RATE OF 1% (.01) FOR GROSS TAX OF \$ _____
- 10. LESS EXPECTED TAX CREDITS:
 - A. TAX WITHHELD BY EMPLOYER \$ _____
 - B. OVERPAYMENT FROM PRIOR YEAR(S) \$ _____
 - C. TOTAL CREDITS (ROUND AMOUNTS TO NEAREST DOLLAR) \$ _____
- 11. NET TAX DUE (LINE 9 LESS LINE 10C)\$ _____
- 12. AMOUNT DUE WITH THIS DECLARATION \$ [Redacted]
- 13. BALANCE OF ESTIMATED TAX\$ _____

TOTAL
AMOUNT DUE \$ _____ (BOX 7) + \$ _____ (BOX 12) = \$ [Redacted]

I CERTIFY THAT I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT & COMPLETE. IF PREPARED BY PERSON OTHER THAN TAXPAYER, THE DECLARATION IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE.

SIGNATURE OF PREPARER _____ DATE _____ SIGNATURE OF TAXPAYER _____ DATE _____
PHONE # OF PREPARER _____ Check here to give us permission to contact preparer SIGNATURE OF TAXPAYER _____ DATE _____

