

VILLAGE OF MC COMB INCOME TAX RETURN

FORM R -EZ
FOR THE TAX YEAR
200__

Taxpayer's Name & Address _____

Federal Identification Numbers _____

		<u>Column 1</u>	<u>Column 2</u>	<u>Column 3</u>
Line 1. Total earned income (Forms W-2 must be attached)		Other Cities Tax Withheld (Maximum 1%)	McComb Tax Withheld	Gross Earnings Form W-2 Generally Box 5
Employer Name	City			
1a _____	_____	_____	_____	_____
1b _____	_____	_____	_____	_____
1c _____	_____	_____	_____	_____
1d _____	_____	_____	_____	_____
1e _____	_____	_____	_____	_____
1f _____	_____	_____	_____	_____
1h _____	_____	_____	_____	_____
(If additional space is required, list on back of form)				
Total Line 1		_____	_____	_____

Line 2. Other income/(loss) from Schedules C, E, F, K, Form 1099 MISC. & Form 2106
(Copies of Federal Schedules must be attached)

2a	Schedule C.....	_____
2b	Schedule E.....	_____
2c	Schedule F.....	_____
2d	Schedule K (non-resident partnership).....	_____
2e	Forms 1099 MISC.....	_____
2f	Form 2106 (Deduction).....	(_____)_____
Total Line 2		_____

Line 3. Less loss carryforward previous McComb Return (5 year limit)..... (_____)_____

Line 3. Total Income (Column 3, total lines 1, 2, & 3)..... _____

Line 4. McComb Income Tax -1% (.01) of line 3..... _____

Line 5. McComb Tax Withheld (Column 2 line 1 total)..... _____

Line 6. Payments of Estimated Tax..... _____

Line 7. Overpayments from previous year..... _____

Line 8. Total McComb tax paid/withheld (total lines 5-7)..... _____

Line 9. Other Cities tax paid/withheld (Column 1 line 1 total)(1% maximum)..... _____

Line 10. Total tax paid/credit claimed (total lines 8 & 9)..... _____

Line 11. Balance of tax due/(overpaid) (line 4 less line 10)..... _____

Line 12. Amount of line 11 to credit to year 2001 _____

Line 13. Amount of line 11 to be refunded _____

Signature of Taxpayer/ Taxpayers: _____

Preparer: _____

Date _____