

Form R File With  
**VILLAGE OF McDONALD**  
 INCOME TAX DEPARTMENT  
 451 Ohio Avenue  
 McDonald, Ohio 44437  
 Phone: (330) 530-5001  
 incometax@zoominternet.net

**2003**  
**McDONALD INCOME TAX RETURN**

FILING REQUIRED EVEN IF NO TAX DUE  
 FILE ON OR BEFORE APRIL 15, 2004  
 PAYABLE TO: McDONALD INCOME TAX

| FOR OFFICE USE ONLY   |         |
|-----------------------|---------|
| DATE RECEIVED:<br>/ / | INITIAL |
| DATE PAID:<br>/ /     | INITIAL |

**NOTIFY OF ANY CHANGE OF ADDRESS**

**THIS SECTION MUST BE COMPLETED**

TAXPAYER'S NAME, ADDRESS

SS# \_\_\_\_\_  
 MR. | | | | | | | | | | | | | | | | | |

MS. | | | | | | | | | | | | | | | | | |

EMPLOYER'S NAME:  
 (MR.) \_\_\_\_\_

(MS.) \_\_\_\_\_

TELEPHONE: HOME \_\_\_\_\_

IF MOVED DURING THE YEAR, THIS MUST BE COMPLETED:

MOVED IN: \_\_\_\_\_ MOVED OUT: \_\_\_\_\_

CASH \$ \_\_\_\_\_

CHECK \$ \_\_\_\_\_

CHECK NUMBER \_\_\_\_\_

DATE POSTED: \_\_\_\_\_

**NOTE: Page 2 Section A must be completed if you have taxable rental property or business income.**

1. WAGES, SALARIES, TIPS AND OTHER EMPLOYEE COMPENSATION (REPORT LARGEST AMOUNT ON W-2S) ..... \$ \_\_\_\_\_  
 (ATTACH ALL W-2'S ON BACK)
2. OTHER TAXABLE INCOME (SEE PAGE 2, SECTION A) (INTEREST INCOME NOT TAXABLE) ..... \$ \_\_\_\_\_
3. TAXABLE INCOME: LINE 1, PLUS LINE 2 ..... \$ \_\_\_\_\_
4. McDONALD TAX 2% OF LINE 3 ..... \$ \_\_\_\_\_
5. CREDITS
  - A. TAX WITHHELD BY EMPLOYER FOR VILLAGE OF McDONALD ..... \$ \_\_\_\_\_
  - B. 2003 ESTIMATED TAX PAID TO THE VILLAGE OF McDONALD ..... \$ \_\_\_\_\_
  - C. 2003 TAX PAID OR WITHHELD BY ANOTHER CITY (NOT TO EXCEED 2% CREDIT PER W-2) ..... \$ \_\_\_\_\_
  - D. PRIOR YEAR OVERPAYMENTS ..... \$ \_\_\_\_\_
  - E. TOTAL CREDITS ..... \$ \_\_\_\_\_
6. BALANCE OF TAX DUE (IF LINE 4 IS GREATER THAN LINE 5E) ..... \$ \_\_\_\_\_
  - A. FAILURE TO FILE TIMELY PENALTY \$ \_\_\_\_\_ FAILURE TO ESTIMATE \$ \_\_\_\_\_ TOTAL \$ \_\_\_\_\_  
 (FAILURE TO PAY PENALTY AND INTEREST WILL BE CHARGED ON UNPAID BALANCE AS OF DUE DATE ON RETURN.)
  - B. TOTAL AMOUNT DUE (LINE 6 PLUS LINE 6A) ..... \$
7. OVERPAYMENT TO BE REFUNDED \$ \_\_\_\_\_ OR CREDITED \$ \_\_\_\_\_ TO NEXT YEAR'S ESTIMATE  
 (AMOUNTS OF LESS THAN \$1.00 WILL NOT BE COLLECTED OR REFUNDED OR CARRIED FORWARD.)

**DECLARATION OF ESTIMATED TAX FOR YEAR 2004**

(PLEASE PAY YOUR 1ST ESTIMATE WITH THIS RETURN)

8. TOTAL INCOME SUBJECT TO TAX \$ \_\_\_\_\_ MULTIPLY BY TAX RATE OF 2% FOR GROSS TAX OF ..... \$ \_\_\_\_\_
9. LESS EXPECTED TAX CREDITS, PAYMENTS ON TAXABLE INCOME TO ANOTHER MUNICIPALITY (NOT TO EXCEED 2%) ..... \$ \_\_\_\_\_
10. NET TAX DUE (LINE 8 LESS LINE 9) ..... \$ \_\_\_\_\_
  - A. PRIOR YEAR OVERPAYMENT ..... \$ \_\_\_\_\_
  - B. BALANCE OF ESTIMATED TAX DUE FOR 2003 (LINE 10 LESS 10A) ..... \$ \_\_\_\_\_
11. AMOUNT PAID WITH THIS DECLARATION (NOT LESS THAN 1/4 OF LINE 10B) ..... \$
12. TOTAL THIS PAYMENT (LINE 6B PLUS LINE 11) ..... \$

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 AND COMPLETE. IF PREPARED BY A PERSON OTHER THAN TAXPAYER, THE DECLARATION IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE.

Signature of Person Preparing if Other Than Taxpayer \_\_\_\_\_ Date \_\_\_\_\_

Signature of Taxpayer \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ and Telephone Number \_\_\_\_\_

Signature of Spouse \_\_\_\_\_ Date \_\_\_\_\_