FORM R - File with:

Division of Taxation
P.O. Box 419
New Carlisle, Ohio 45344-0419

NEW CARLISLE CITY INCOME TAX

For Calendar Year
or
Fiscal Period _____ to _____

Due April 15th or four months after the end of the fiscal period

	20_____ Residency Status (check one) ❑ Resident ❑ Non-Resident ❑ Partial year Resident: from _____to_____
	Soc. Sec. No (H) Soc. Sec. No (W) Fed. I.D. No.

A. INCOME

1. Wages, Salaries, Tips and other employee compensation (Attach all W-2's or Proper Federal Schedules)
2. Other Income (Attach all appropriate Federal Schedules) .....
3. Taxable Income (Total of Lines 1 and 2) .....

B. TAX

1. New Carlisle Income Tax @ 1% (multiply taxable income by .01) .....
2. New Carlisle Tax withheld by employer ..... _____
3. Estimated payments made (or credits) ..... _____
4. Total Credits (add Lines B2 and B3) .....
5. Balance Due (if Line B4 is less than Line B1, enter amount due here) .....
6. OVERPAYMENT (if Line B4 is more than Line B1, enter overpayment here) .....

Enter amount of Line B6 you want credited to next year's estimated tax _____

Enter amount of Line B6 you want refunded to you_____

DECLARATION OF ESTIMATED TAX FOR YEAR 20____

1. Total estimated income subject to New Carlisle Tax ..... $ _____
2. Estimated Tax (1% of Line 1) ..... $ _____
3. Tax Credits
   a. New Carlisle Tax withheld by employer ..... $ _____
   b. Overpayment on previous year's New Carlisle Return ..... $ _____
4. Total credits ..... $ _____
5. Net estimated Tax due (Line 2 less Line 4) ..... $ _____
6. Amounts due each quarter. **1ST QUARTER DUE WITH THIS RETURN** ..... $ _____

The undersigned declares that this return is a true, correct and complete return for the taxable period stated.

Signature of person preparing if other than taxpayer (Date)

Address or Name & Address of Firm or Employer

Signature of taxpayer or agent (Date)

Signature of taxpayer or agent (Date)

Return white copy to the above address when filing return. Retain yellow copy for your records.