

**INDIVIDUAL - 2017
INCOME TAX RETURN
TWP SWJEDZ**

Due Date 04/15/2018
**Federal Schedules MUST be attached to
this return.**

**MAKE CHECK OR MONEY ORDER TO:
SYCAMORE TOWNSHIP SWJEDZ**

c/o Amberley Village
7149 Ridge Road
Cincinnati OH 45237

Voice 513-531-0130 Ext Fax 513-531-8154

Taxpayer's Social Security No.	
Home Telephone No.	Business Telephone No.
Spouse's Social Security No.	
Spouse's Name	
Home Telephone No.	Business Telephone No.

Name _____
And _____
Address _____

Filing Status <input type="checkbox"/> Single <input type="checkbox"/> Married filing joint <input type="checkbox"/> Married filing separate	<input type="checkbox"/> RESIDENT <input type="checkbox"/> NON-RESIDENT	IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES
		INTO / /
		OUT OF / /
IF YOU RENT, PLEASE GIVE LANDLORDS INFORMATION		
NAME _____		
ADDRESS _____		

Income

1 Wages, salaries, tips, etc. 1 []

2 Other taxable income 2 []

3 Total taxable income (add lines 1 and 2) 3 []

Tax and Credits

4 Twp Swjedz tax due before credits (0.750% of line 3) 4 []

5 Estimated tax payments made to Twp Swjedz as of 01/08/2018 5 []

6 Taxes withheld and paid to Twp Swjedz 6 []

7 Overpayment from prior year(s) 7 []

8 Taxes withheld and paid to other localities 8 []

Credit cannot exceed 0.00% of tax withheld up to 0.00% of income earned in each location.

9 Total credits (add lines 5 through 8) 9 []

Refund (Issued if greater than 10.00)

10 If line 9 is greater than line 4, subtract line 4 from line 9. This is the amount you overpaid 10 []

11 Amount of line 10 to be credited to next years estimate 11 []

12 Amount of line 10 to be refunded 12 []

Tax Due (If greater than 10.00)

13 If line 4 is more than line 9, subtract line 9 from 4, this is the tax amount you owe 13 []

14 Penalties and interest Late File _____ Late Pay _____ Late Estimate _____ Interest _____ 14 []

Declaration of Estimate For 2018

15 Estimated income 15 []

16 Estimated tax due. Multiply line 15 by 0.750% 16 []

17 Taxes to be withheld and paid to Twp Swjedz and other localities 17 []

18 Prior credit applied to estimated tax payments (From line 11) 18 []

19 Net estimated tax due (subtract line 17 and 18 from 16) 19 []

20 Minimum amount due for first quarter (multiply line 19 by 25%) 20 []

Amount You Owe

21 Total amount due (add lines 13, 14 and 20) 21 []

Tax Office Use Only : Tax Office Use Only : Tax Office Use Only

The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated and that the figures used herein are the same as used for Federal Income Tax purposes.

Taxpayer's Signature Date

Spouse's Signature Date

Tax Preparer's Signature Date
(If other than taxpayer) Phone No. _____

May SYCAMORE TWP SWJEDZ discuss this return with the preparer shown above ___Yes ___No