

(Tax Office Use Only)

2014 - CRESTLINE INCOME TAX RETURN - 2014
ORDINANCE NO. 1810

EXEMPTION

Processed by _____
Paid with this return:

For calendar year ending December 31, 2014, or fiscal year ending _____

I AM EXEMPT BECAUSE:

- Cash _____
- Check _____
- M.O. _____

File this return on or before April 15, 2015 or within 105 days after close of a fiscal year

CRESTLINE INCOME TAX DEPT., 100 N. SELTZER ST., CRESTLINE, OH 44827
PH. 419-683-3636 • FAX 419-683-4205

Retired with no taxable income
(date) _____

Under 18 (birthdate) _____

For use of Wage Earner, Individuals engaged in Business or profession as sole proprietor thereof: Corporations, Partnerships and other Incorporated entities owned by two or more persons and Fiduciary.

ALL OTHERS MUST FILE A RETURN.
IF YOU ARE EXEMPT,
STOP HERE, SIGN, DATE AND
MAIL YOUR RETURN.

Check your status as a taxpayer Employee Proprietor Partner Partnership Corporation

Please affix label from post card here (make any name/address corrections); or fill in your name, address and SS# or Fed. ID#.

Current employer _____

Social Security No. / Fed ID # _____

If you moved during the year, date of move:

Into City _____ Out of City _____

Former Address _____

**THIS FORM MUST BE FILLED OUT AND FILED BY ALL INDIVIDUALS 18 YEARS & OLDER,
WHETHER OR NOT PAYING CITY TAX ELSEWHERE.**

JOINT RETURNS NOT ALLOWED. ALL W-2's AND/OR 1099's MUST BE ATTACHED

YOUR RETURN IS INCOMPLETE IF THIS INFORMATION IS NOT INCLUDED, and you may be subject to a late filing fee.

1. ENTER GROSS WAGES, SALARIES, BONUSES, COMMISSIONS, AND OTHER EMPLOYEE COMPENSATION	\$ _____
2. INCOME OTHER THAN WAGES (Proprietorship, Rentals, Partnership, etc.) FROM PAGE 2 (ATTACH COPY OF FEDERAL SCHEDULES) DO NOT DEDUCT LOSSES	\$ _____
3. TOTAL INCOME	A. ADD 1 & 2 \$ _____
4. INCOME TAX 2% OF LINE 3	\$ _____
5. PAYMENTS ON 2014 ESTIMATED TAX	\$ _____
CRESTLINE LOCAL TAX WITHHELD	\$ _____
TAX PAID OTHER CITY _____ (TAX CREDIT LIMITED TO 1½%)	\$ _____
6. TOTAL OF LINE 5	\$ _____
7. TAX DUE (LINE 4 LESS LINE 5)	\$ _____
8. OVERPAYMENT CLAIMED	\$ _____
Refund (over \$1) ... Credit to 2015	\$ _____
9. PENALTY/INTEREST (\$40/individual, \$100/business, plus 1% each penalty/interest per month if not filed and paid by due date)	\$ _____
10. TOTAL OF TAX, AND PENALTY/INTEREST (Do not pay if under \$1)	\$ _____

*UNPAID BALANCES AFTER APRIL 15, 2015 ARE SUBJECT TO INTEREST/PENALTY OF 1% EACH PER MONTH OR FRACTION THEREOF. SECTION 12 OF THIS ORDINANCE CARRIES A FINE OF NOT MORE THAN \$500.00 OR IMPRISONMENT OF SIXTY DAYS OR BOTH FOR EACH OFFENSE, IF FOUND GUILTY OF FAILURE OR REFUSAL TO FILE A RETURN AND/OR PAY ANY TAXES DUE.

DECLARATION OF ESTIMATED TAX FOR YEAR 2015

VOUCHER 1 - DUE APRIL 15

11. TOTAL INCOME SUBJECT TO TAX \$ _____ MULTIPLY BY TAX RATE OF 2% FOR GROSS TAX OF	\$ _____
12. LESS EXPECTED TAX CREDIT	
A. WITHHELD BY CRESTLINE EMPLOYER	\$ _____
B. OVERPAYMENT FROM PRIOR YEAR	\$ _____
C. PAYMENTS TO ANOTHER CITY _____ (TAX CREDIT LIMITED TO 1½%)	\$ _____
D. TOTAL CREDITS	\$ _____
13. 2015 NET TAX DUE	\$ _____
14. AMOUNT PAID WITH THIS DECLARATION (NOT LESS THAN 1/4 OF LINE 13)	\$ _____
15. BALANCE OF 2014 TAX ESTIMATE	\$ _____
15. TOTAL OF THIS PAYMENT (LINE 10 PLUS LINE 14)	TOTAL AMOUNT DUE \$ _____

UNDER PENALTIES OF PERJURY, 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 TAXPAYER _____ DATE _____

SIGNATURE OF PERSON PREPARING IF OTHER THAN TAXPAYER _____ DATE _____

SIGNATURE OF TAXPAYER _____ DATE _____

ADDRESS _____ TELEPHONE NUMBER _____