(Tax Office Use Only)  Processed by Paid with this return:  Cash Check M.O  Check your status as a taxp  Please affix label from post card here (maddress and SS# or Fed. ID#.	For calendar year ending Dece File this return on or before April CRESTLINE INCOME TAX DI PH. 419- For use of Wage Earner, Ind proprietor thereof: Corporat owned by tw	DINANCE mber 31, 20  18, 2016 or w  EPT., 100 N. S  683-3636 • F  ividuals engag ions, Partnersl wo or more per	NO. 1810 15, or fiscal ye within 105 days a ELTZER ST., CFAX 419-683-4208 ed in Business chips and other Insons and Fiducialicity.	fiter close of a fis RESTLINE, OH 4  for profession as a recorporated entiti ary.  Partner  Current Social 3  If you n  Into Cit	cal year  4827  sole es  es  employer  Security No. noved during	I AM EXEM  Retired wi (date)  Under 18  ALL OTHERS  IF YO STOP HE	of move:	E: ncome  RETURN. PT, TE AND RN.  poration
JOINT RE YOUR RETURN IS I  1. ENTER GROSS WAGES, SALARIE  2. INCOME OTHER THAN WAGES (P SCHEDULES ) DO NOT DEDUCT L  3. TOTAL INCOME  4. INCOME TAX 2% OF LINE 3  5. PAYMENTS ON 2015 ESTIMATED CRESTLINE LOCAL TAX WITH TAX PAID OTHER CITY  6. TOTAL OF LINE 5  7. TAX DUE (LINE 4 LESS LINE 5)  8. OVERPAYMENT CLAIMED 9. PENALTY/INTEREST (\$40/individual) 10. TOTAL OF TAX, AND PENALTY/INT	TAX HELD  Refund (over \$1) RefEST (Do not pay if under \$1)  18, 2016 ARE SUBJECT TO IN:	T PAYING ALL W-2 ATION IS NO OTHER EMP to.) FROM PA  MITED TO 1/2  Credit to alty/interest pe	CITY TAX  L'S AND/OR  TINCLUDED  PLOYEE COMPE  GE 2 (ATTACH (   "")*  2016  r month if not file	ELSEWHE 1099's MU 0, and you ma ENSATION COPY OF FEDE	S 18 YEARE.  IST BE A  y be subjected  RAL	ATTACHEE ect to a late f	DER,    Dilling fee.	FION 12 OF
THIS ORDINANCE CARRIES A FINE OF FAILURE OR REFUSAL TO FILE *ALL RETURNS FILED AFTER APRI	OF NOT MORE THAN \$500.00 ( A RETURN AND/OR PAY ANY T	OR IMPRISOI AXES DUE. I THE CREDI	T GIVEN PAID	TO OTHER MI	BOTH FOF	R EACH OFFE	NSE, IF FOU	ND GUILTY
14. TOTAL INCOME OUR 1507 TO	vou	CHER 1 – D	UE APRIL 18					
B. OVERPAYMENT FROM PRIOR Y	PLOYERYEAR	ΓΕD ΤΟ 1½) .			\$ \$	5	\$	
14. AMOUNT PAID WITH THIS DECLAR								
15. BALANCE OF 2015 TAX ESTIMATE							φ	
15. TOTAL OF THIS PAYMENT (LINE 10							₿ \$	
UNDER PENALTIES OF PERJU STATEMENTS) AND TO THE BEST THAN TAXPAYER, THE DECLARA	「OF MY KNOWLEDGE AND BE	ELIEF IT IS T	RUE, CORRE	CT AND COM	PLETE, IF	PREPARED	IG SCHEDU BY A PERSO	ILES AND ON OTHER
SIGNATURE OF TAXPAYER		DATE	SIGNATURE OF	PERSON PREPA	RING IF OTH	ER THAN TAXPA	/ER	DATE
SIGNATURE OF TAXPAYER		DATE	ADDRESS				TELEPHO	NE NUMBER