

CITY OF NEW LEXINGTON

Income Tax Bureau
125 South Main Street
New Lexington, OH 43764
Phone: (740) 342-4660
Hours 8AM - 4PM Mon - Fri

INCOME TAX RETURN

FOR TAX YEAR: 2006
PER SECTION 77-9 OF
NEW LEXINGTON ORDINANCE,
A RETURN MUST BE FILED
EVEN IF NO TAX IS DUE.

This form is for businesses & individuals.
Instructions and information on reverse.

Calendar year taxpayers file on or before:
April 16.

Fiscal & partial year taxpayers must file
within 105 days from end of tax period.

If name or address is incorrect, please make necessary changes.

You MUST fill in your social security number(s) and phone number.

NAME: \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

SPOUSE: \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY,ST,ZIP: \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_ - \_\_\_\_\_

HOME PHONE # (REQUIRED)
(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

☐ If tax forms are no longer needed,
check box and state reason:

- 1. Wages, Salaries, tips and other earned compensation. Use highest amount on W-2. See line 4 of instructions. Attach all W-2's. If you lived here a partial year, please contact the tax office.
2. Income or Loss from Business or Rental Properties. Attach applicable Federal schedule. Put brackets <> if loss...
3. Total Taxable Income (Add lines 1 & 2. Business loss cannot be subtracted from line 1.)
4. Tax Due (Line 3 x 0.01)
5. Credits:
A. Amount of New Lexington tax withheld by employer (See boxes 19 and 20 of W-2s.)
B. Tax paid to other municipalities (Wages on each W-2 x 0.005) (Figure each W-2 separately)
C. Total Credit: (Add lines 5A and 5B)
6. Tax Due before estimated payments and prior year credits (Subtract line 5C from line 4)
7. Estimated payments and credits carried over from previous tax year.
8. Tax Due or Overpayment before penalties, interest and late fees: (Subtract line 7 from line 6.)
A. 1.5% penalty on tax due for late filing per month (fractions of months count as whole month late)
B. 0.5% interest on tax due for late filing per month (fractions of months count as whole month late)
C. Late File Charge: 30 days or less = \$25.00, 31 to 90 days = \$50.00, 91 or more days = \$100.00
D. Tax Due (Add lines 8, 8A, 8B & 8C) (If sum is negative (overpayment), put brackets -example: <sum>).
9. Distribution of Overpayment - If you have an overpayment on line 8D please complete the following:
A. Credit to 2007 taxes
B. Refund (Make sure correct mailing address is shown at top of form.)

NO REFUND IS ISSUED UNTIL RETURN IS AUDITED & 1ST QUARTER ESTIMATED PAYMENT (IF ANY) IS MADE.

NOTES: If the balance due is less than \$1.00, payment need not be made. If the overpayment is less than \$1.00, no refund will be issued.
Mailing income tax returns without payment, proper documentation, and/or signature does not constitute a filing.
Incomplete returns will be returned to you.

DECLARATION OF ESTIMATED NEW LEXINGTON INCOME TAX

Per Ordinance 77-9 YOU ARE REQUIRED TO declare an estimated tax if you owe more than \$50.00 (on line 6 above). Declaration needs to be filed on all non-taxed wages and wages earned outside New Lexington. First quarter payment is due with return by April 16, 2007. Estimates not paid by the due date will be assessed penalty, interest and late charge.

- 10. Tax due in 2006 before estimated payments and prior year credits (from line 6 above)
11. Credits carried over from 2006 (from line 9A above)
12. Declaration amount (subtract line 11 from line 10)
13. Amount due with filing of return (line 11 x 0.25 (25%))
14. TOTAL TAX DUE - Add line 13 and line 8D (This is your total due by April 16)

NOTE: 1st quarter estimated payment due April 16. Due dates for remaining quarters: July 31, October 31 & January 31. Bills will be sent for these payments.

ACKNOWLEDGEMENT

Under penalties of perjury, I declare 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. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

SIGNATURE OF TAXPAYER \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

SIGNATURE OF PAID PREPARER \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

SIGNATURE OF SPOUSE IF JOINT RETURN \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

File original with tax office. Include all W-2s, 1099s, Federal Schedules and payment. Returns missing documentation or signature will be returned to you for completion and may be subject to late charges, penalties and interest.
ADDITIONAL INFORMATION AND INSTRUCTIONS ON REVERSE.