

2015

NAPOLEON INCOME TAX RETURN
Filing Required Even If No Tax Is Due

(TAX OFFICE USE ONLY)

File with
INCOME TAX DEPARTMENT
255 W. RIVERVIEW AVE
PO BOX 151
NAPOLEON, OHIO 43545-0151
Phone: 419-599-2821
Fax: 419-592-6748
www.napoleonohio.com/finance.html

Fiscal Period \_\_\_\_\_ to \_\_\_\_\_
CALENDAR YEAR TAXPAYERS FILE ON OR BEFORE APRIL 15TH, 2016
(or the Revised Federal Due Date)
FISCAL YEAR END FILE ON OR BEFORE THE 15TH DAY OF THE
FOURTH MONTH OF THE END OF THE FISCAL YEAR

AUDIT AUDIT
Total paid
Check
Cash
Refund requested

Make Checks and Money Orders Payable to
City of Napoleon - Income Tax
\* Credit Cards Accepted

PLEASE MAKE SURE NAME AND ADDRESS IS CURRENT INFORMATION

Enter Name and Address Here

Soc. Sec. No. (Taxpayer)
Soc. Sec. No. (Spouse)
Fed. I.D. No.
Account No.

RESIDENT NON-RESIDENT PART YEAR RESIDENT
MOVED INTO NAPOLEON ON OR MOVED OUT OF NAPOLEON ON

RETIRED AND TAXPAYERS WITH NO TAXABLE INCOME - CHECK APPROPRIATE BOX, SEE INSTRUCTIONS
Taxpayer Spouse
Retired - with only non-taxable income - Date Retired
Active Duty Military
Only income was from a non-taxable source - List Source
Taxpayer Spouse
Under Age 18 - Birthdate
Deceased - Date

1. Qualifying Wages (see instructions), Salaries, Tips and other employee compensation (ATTACH ALL W-2'S)
1a. 2106 (Attachments Required, See Form Instructions) Deduct
2. Other Income from reverse side of this form, Line 13 or Line 1 (see instructions)
2a. Items not deductible (Line I Schedule X) Add
2b. Items not taxable (Line T Schedule X) Deduct
2c. Net total of other Income 2c. \$ (%) allocable to Napoleon %, 2c. x % = \$
3. Total Other Income - Do Not Deduct Loss From W-2 Income
Individual/Joint Filing (Amount from 2c)
Profit to Line 3 Loss to Line 3a
Business Filing (Line 2 plus 2a minus 2b x % of 2c) Enter amount on Line 3
4. Amount subject to NAPOLEON Income Tax (Line 1 plus Line 3)
5. NAPOLEON INCOME TAX - Multiply Line 4 by 1.5% (.015)
6. Credits (a) NAPOLEON Tax Withheld by employer(s) from Line 1
(b) Payments on Current Declaration (or Credit)
(c) Income Taxes paid City of (Limit 1.5% of Qualifying City Wage for each W-2)
(d) Total Credits Allowable, enter on Line 6
7a. Overpayment amount Refund - (No Refunds Under \$1.00) Credit To Next Year Declaration - (No Credit Under \$1.00)
7b. Balance of Tax Due (Line 5 less Line 6)
8. Late Filing Penalty (\$25.00) Late Payment Penalty (2%/month) Interest (1%/month)
9. Grand Total Due (Pay in full with this return if \$1.00 or more) (Line 7b plus Line 8)

DECLARATION OF ESTIMATED TAX FOR NEXT YEAR

Please see instructions to file estimated tax. Computation Worksheet included for your record documentation.

Under penalties of Federal, State and Local Laws 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.

I authorize the Income Tax Division to discuss my account with the preparer named below. Check here.

Signature of Person Preparing if Other Than Taxpayer Date Signature of Taxpayer Date

Address Signature of Spouse (if Filing Jointly)

Phone # Phone #

