

VILLAGE OF MALTA
INCOME TAX RETURN
PO BOX 307
MALTA OH 43758
(740) 962-4971

MANDATORY FILING FOR RESIDENTS
PAST YEAR RESIDENTS
DATE FROM _____ TO _____
DUE ON OR BEFORE APRIL 15, 2024

TAX YEAR 2023
YOUR SOCIAL SECURITY NO. _____
SPOUSE'S SOCIAL SECURITY NO. _____
FEDERAL I.D. NO. _____

IF NAME OR ADDRESS IS INCORRECT MAKE NECESSARY CHANGES

**SECTION A: I AM NOT REQUIRED
TO COMPLETE THE FORM BECAUSE:**

____ ACTIVE-DUTY MILITARY SINCE _____
____ MOVED FROM MALTA PRIOR TO JAN 1 (LIST DATE) _____
____ NO EMPLOYMENT IN _____
____ DISABILITY/SSI (LIST DATE) _____
____ UNDER 18 YEARS OF AGE? _____
____ RETIRED PRIOR TO JAN 1 (LIST DATE) _____
____ NO BUSINESS CONDUCTED IN VILLAGE IN _____
____ BUSINESS CLOSED PRIOR TO JAN 1 (LIST DATE) _____

**FEDERAL EXTENSION MUST BE ATTACHED
IF FILED AFTER APRIL 15, 2024**

NOTE: ANYONE RECEIVING A PRE-PRINTED FORM HAS AN ACTIVE ACCOUNT AND WILL NEED TO FILE

1. TOTAL GROSS WAGES, SALARIES, TIPS & OTHER COMPENSATION (Attach W-2's and /or 1099's) \$ _____
2. OTHER TAXABLE INCOME
 A. Net Profit from Rental (Complete Section B, Page 2)..... \$ _____
 B. Business Profit or Loss (Complete Section C, Page 2) \$ _____
 C. Total other taxable income \$ _____
 Note: Losses cannot offset wages/W2-income or be used against other net profits
3. Total income subject to Malta Income Tax..... \$ _____
4. Malta Tax Due – 1% of line 3..... \$ _____
5. Credits
 A. Malta Income Tax Withheld by Employer..... \$ _____
 B. Income Tax Paid to Other Cities (Credit up to 1%) \$ _____
 C. Estimated Taxes paid to Malta..... \$ _____
 D. Prior Years overpayments..... \$ _____
 E. Total Credits (Add lines 5A thru 5D) \$ _____
6. Balance Tax Due (Subtract line 5E from line 4) \$ _____
7. Returns Filed After April 16, or Extension not requested are subject to:
 Penalty: 15 % per month past due
 Interest: 0.5 % per month past due
 Late Filing Fee or penalty for failure to file an extension - \$25.00 per month, up to \$150.00
8. Amount Due Before Estimated Taxes PAYMENT TO ACCOMPANY RETURN IF MORE THAN \$10.00..... \$ _____

9. Overpayment to be Refunded _____ Or Credited _____ to Next Year's Estimate.
NOTE: NO REFUND WILL BE MADE UNTIL DECLARATION IS FILED. NO TAXES OR REFUNDS OF \$10.00 OR LESS SHALL BE COLLECTED OR REFUNDED.

**DECLARATION OF ESTIMATED TAX FOR 2024 (DUE APRIL 15 WITH FIRST QUARTER PAYMENT)
MUST BE FILED IF NOT WITHHELD BY EMPLOYER, OR SELF- EMPLOYED**

VOUCHER 1

10. Total Income subject to Tax \$ _____ multiply by Tax Rate of 1% for gross tax of \$ _____
11. LESS TAX TO WITHHELD
 a. Overpayment from prior year(s)..... \$ _____
 b. Total Credit..... \$ _____
12. Net Estimated Tax Due for 2022 (Line 10 less Line 11b) \$ _____
13. Amount Paid with this Declaration (Not Less Than 25% of Line 10) \$ _____
14. Total of this payment (Line 8 plus Line 13) \$ _____

MAKE REMITTANCE PAYABLE TO: VILLAGE OF MALTA, INCOME TAX

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 PERSON OTHER THAN TAXPAYER, THE DECLARATION IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE.

Preparer (please print) _____ Date _____

Signature of Taxpayer _____ Date _____

Address _____

Address _____

Phone Number _____

Phone Number _____