

FILE WITH:  
Malta Income Tax Department  
449 Main Street  
Malta, OH 43758  
Ph. 740-962-4971  
Fax 740-962-2745

Village of Malta  
**INCOME TAX RETURN**  
Mandatory Filing for Residents  
Part Year Residents  
Dates from \_\_\_\_\_ to \_\_\_\_\_

Tax Year \_\_\_\_\_

**DUE ON OR BEFORE APRIL 15**

MAKE CHECK OR MONEY  
ORDER PAYABLE TO: VILLAGE  
OF MALTA

YOUR SOCIAL SECURITY NO.

SPOUSE'S SOCIAL SECURITY NO.

FEDERAL ID NO.

☐ **CHECK HERE IF YOU ARE NOT REQUIRED TO FILE THIS RETURN (Complete Section A at the bottom of the page)**

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) ..... \$ \_\_\_\_\_

    B. Business Profit or Loss ..... \$ \_\_\_\_\_

    C. Total other taxable income ..... \$ \_\_\_\_\_

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 5E)..... \$ \_\_\_\_\_

6. Balance Tax Due (Subtract line 5f from line 4)..... \$ \_\_\_\_\_

7. Returns Filed After April 15, or Extension not requested are subject to:

    Penalty: 1 1/2 % per month past due

    Interest 1/2 % per month past due

    Late Filing Fee or penalty for failure to file an extension - \$25.00

8. Amount Due Before Estimated Taxes PAYMENT TO ACCOMPANY RETURN IF \$1 OR MORE..... \$ \_\_\_\_\_

9. Overpayment to be Refunded \_\_\_\_\_ Or Credited \_\_\_\_\_ to Next Years Estimate.

(if requesting refund must be \$1 or more, if due to being under the age of 18, proof of birth date must be submitted with form.)

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

\_\_\_\_\_  
ACTIVE DUTY MILITARY SINCE \_\_\_\_\_

\_\_\_\_\_  
NO EMPLOYMENT IN \_\_\_\_\_

\_\_\_\_\_  
UNDER 18 YEARS OF AGE

\_\_\_\_\_  
NO BUSINESS CONDUCTED IN VILLAGE IN \_\_\_\_\_

\_\_\_\_\_  
MOVED FROM MALTA PRIOR TO JAN 1 (LIST DATE) \_\_\_\_\_

\_\_\_\_\_  
DISABILITY/SSI (LIST DATE) \_\_\_\_\_

\_\_\_\_\_  
RETIRED PRIOR TO JAN 1 (LIST DATE) \_\_\_\_\_

\_\_\_\_\_  
BUSINESS CLOSED PRIOR TO JAN 1 (LIST DATE) \_\_\_\_\_

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 \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Signature of Taxpayer \_\_\_\_\_

Date \_\_\_\_\_

Signature of Spouse (if joint filing) \_\_\_\_\_

Date \_\_\_\_\_

Phone Number \_\_\_\_\_