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

MANDATORY FILING FOR RESIDENTS PAST YEAR RESIDENTS DATE FROM

TAX YEAR 2019

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:

___MOVED FROM MALTA PRIOR TO JAN 1 (LIST DATE) __

__ACTIVE DUTY MILITARY SINCE

NO EMPLOYMENT IN

| | DISABILITY/SSI (LIST DATE) | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|----------------------------------------|
| | UNDER 18 YEARS OF AGE? | |
| FEDERAL EXTENSION MUST BE ATTACHED | RETIRED PRIOR TO JAN 1 (LIST DATE | E) |
| IF FILED AFTER APRIL 15, 2020 | NO BUSINESS CONDUCTED IN VILLA | GFIN |
| IF FILED AFTER ALKIE 15, 2020 | BUSINESS CLOSED PRIOR TO JAN 1 (I | IST DATE) |
| | | DIOT DATE) |
| NOTE: ANYONE RECEIVING A PRE-PRINTED FORM | I HAS AN ACTIVE ACCOUNT AND WILL N | EED TO EU E |
| | | |
| 1.TOTAL GROSS WAGES, SALARIES, TIPS & OTHER COMPENSATION (Atta 2. OTHER TAXABLE INCOME | | |
| A. Net Profit from Rental (Complete Section B, Page 2 B. Business Profit or Loss (Complete Section C, Page 2) | *************************************** | 9 |
| C. Total other taxable income | | \$ |
| Note: Losses cannot offset wages/W2-income or be used aga 3. Total income subject to Malta Income Tax | inst other net profits | S |
| 4. Malta Tax Due – 1% of line 3 | | |
| 5. Credits | | |
| A. Malta Income Tax Withheld by Employer | *************************************** | s |
| B. Income Tax Paid to Other Cities (Credit up to 1%) | | \$ |
| C. Estimated Taxes paid to Malta | *************************************** | e e |
| D. Prior Years overpayments | *************************************** | <u>\$</u> |
| E. Total Credits (Add lines 5A thru 5D) | *************************************** | <u>S</u> |
| 6. Balance Tax Duc (Subtract line 5E from line 4) | *************************************** | |
| 7. Returns Filed After April 16. or Extension not requested are subject to: | | <u> </u> |
| 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 B. Amount Due Before Estimated Taxes PAYMENT TO ACCOMPANY RETURN I | per month, up to \$150,00 F MODE THAN CLOOK | di di |
| | F MORE I HAN 310.00 | ····· <u>S</u> |
| 9. Overpayment to be Refunded Or Credited to Next Years I | Estimate. | |
| NOTE: NO REFUND WILL BE MADE UNTIL DECLARATION IS FILED. NO TAXES OR R | EFUNDS OF \$10.00 OR LESS SHALL BE COLLEC | TED OR REFUNDED. |
| DECLARATION OF ESTIMATED TAX FOR 2019 (| DUE ADDIT 15 WITH FIRST OHADTED DA | L/A d F2 h Pri |
| MUST BE FILED IF NOT WITHHELD BY | EMPLOYER, OR SELF- EMPLOYED | VOUCHER 1 |
| | | |
| 10. Total Income subject to Tax \$ multiply by Tax Rate of the Company of th | of 1% for gross tax of | \$ |
| a. Overpayment from prior year(s) | | |
| b. Total Credit | | |
| | | |
| 2. Net Estimated Tax Due for 2019 (Line 10 less Line 11b) | *************************************** | \$ |
| 3. Amount Paid with this Declaration (Not Less Than 25% of Line 10) | | |
| | | |
| 4. Total of this payment (Line 8 plus Line 13) | *************************************** | \$ |
| | | |
| CERTIFY THAT I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AN COMPLETE, IF PREPARED BY PERSON OTHER THAN TAXPAYER, THE DECLARATION IS BASED OF | D STATEMENTS) AND TO THE BEST OF MY KNOWLED | GE AND BELIEF IT IS TRUE, CORRECT, AND |
| That I be a second of the seco | A ALL INFORMATION OF WHICH PREPARER HAS ANY | KNOWLEDGE. |
| | | |
| reparer (please print) Date | Signature of Taxpayer | Date |
| | | |
| ddress | Address | |
| | Vanit 193 | |
| hone Number | Phone Number | |
| | | |
| | | |
| • | | |

| SECTION B: Income from Rents | | | | | | |
|------------------------------|----------------|--------------|---------|----------------|----------------------|--|
| Kind & Location of Property | Amount of Rent | Depreciation | Repairs | Other Expenses | Net Income (Or Loss) | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| SECTION G: All other Taxable Inco | 10NC: All other Taxable Income Net Income Section B | | | |
|-----------------------------------|------------------------------------------------------|---------------------|--|--|
| Income from Partnerships, | Professions, Business, Tips, Commissions | , and Miscellaneous | | |
| Received From | For (Describe) | Amount | | |
| | | | | |
| | | | | |
| | | | | |

Net Income Section C.....

Income Tax Rate: 1%

Who is required to file an income tax return:

- All persons residing in the Village of Malta who receive taxable income. (Salaries, qualifying wages, commissions, Lottery, sweepstakes, gambling and prizes)
- In the case of non-residents, all income, salaries, qualifying wages, commissions, Lottery, sweepstakes, gambling and prizes, for whatever source earned or received by the nonresident in the Village of Malta.
- Every nonresident individual working more than 20 consecutive days, who employer is not withholding
- Every business or professional entity within the Village,
- All corporations conducting business in the Village.
- All residents and nonresidents who own rental property
- Every non-resident who owns property in the Village

Exempt Income:

- Military Pay or allowances of members of the armed forces.
- Social Security & Disability benefits
- Retirement benefits
- Unemployment benefits
- Workers compensation
- Alimony & Child support
- Insurance benefits
- Clergy housing
- Precinct official compensation of \$1,000 or less.
- Income of religious, fraternal, charitable, scientific, literary, or educational institutions.
- Individuals under 18 years of age.

Who must file a Declaration of Estimated Income Tax:

- Every tax payer shall make a declaration of estimated taxes for the current taxable year. Payment will be made quarterly for the current tax year if the amount estimated as payable is at least \$200.
 - Payments are due as follows:
 - April 15 (22.5%)
 - June 15 (45%)
 - September 15 (67.5%)
 - December 15 (90%)
 - Any remaining balance to paid when filing taxes.