GRANVILLE INCOME TAX BUREAU 141 EAST BROADWAY, PO BOX 514 GRANVILLE, OHIO 43023 (740) 587-2764 Fax 587-0128 WEBSITE: www.granville.oh.us

## VILLAGE OF GRANVILLE 2023 INDIVIDUAL INCOME TAX RETURN

DUE ON OR BEFORE APRIL 15, 2024

	Social Security Number	Spouse's Social Security Number
-		

NAME AND ADDRESS

-	t:
Part Year Resident:	Date Moved In:
Telephone:	Home
Email:	

A COPY OF YOUR FEDERAL FORM 1040, AND SCHEDULE 1
MUST BE SUBMITTED WITH YOUR GRANVILLE RETURN

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	TE: UNLESS SIGNED, ACCOMPANIED BY ALL FEDERAL W-2'S AND/OR ACCOMPANYING FEDERAL SCHEDULE, AND PAYMENT OF THE BALANCE OF AT LEAST 1/4 OF THE ESTIMATED TAX (LINE 15), THIS FORM IS NOT A LEGAL FINAL RETURN OR DECLARATION AND MAY BE SUBJECT TO LATE F		
	Qualifying wages, salaries, and other employee compensation (Generally the greater of Box 5 or Box 18 of W-2 Form) (ATTACH ALL W-2 FORMS)		7 (NO 17 (NICIAT 1 EIN/LEIN
2.	Adjustments (Complete Worksheet A on Page 2) from Page 2 line A4		
3.	Taxable wages & misc. income (Sum of lines 1 & 2)		
4.	Other taxable income (from Page 2, line 3D. If net loss enter as -0-) (ATTACH ALL FEDERAL FORMS)		
5.	Total income subject to tax (Line 3, Plus Line 4)		
6.	Granville tax: 1.5% (.015), of Line 5.		
	Credits	Ψ	
•	A. Tax withheld by employer for Village of Granville per W-2		
	B. Estimated tax paid to Village of Granville\$		
	C. Credit allowed for income taxable to other cities (See line instructions)		
	(Attach copies of Municipal Tax Return or W-2 documenting this tax)		
	D. Prior year overpayments (Not included in Line 7B)		
	E. TOTAL CREDITS	\$	
8.	TAX BALANCE DUE (LINE 6 less Line 7E)		
	A. Late Payment Penalty (15%) \$ Interest (10% per annum) \$ Total Late Payment P&I		
	B. Late Filing Penalty \$25.00		
10.	TOTAL TAX DUE INCLUDING PENALTY & INTEREST (Sum of Lines 8, 9A and 9B)		
	Overpayment to be refunded \$ OR Credit to next year estimate \$	·	
	If tax due/refund amount is under \$10.00, no payment is required; no refund will be issued.		
	DECLARATION OF ESTIMATED TAX FOR YEAR 2024		
12	Total income subject to tax \$ (Multiply by tax rate of 1.5% for gross tax)	\$	
	Less expected credits:	Ψ	
10.	A. Granville tax to be withheld by employer		
	B. Credit for income taxable to other municipalities (Limited to .75%)		
	C. TOTAL CREDITS (Sum of Lines 13A and 13B)	\$	
14	Net tax due (Line 12 Less Line 13C – if \$200.00 or more, estimated payments required)		
	Amount of quarterly payments due (Line 14 ÷ 4)		
	Overpayments from prior year (Line 11 if Credited)		
	Amount paid with this declaration (Line 15 Less Line 16)		
	Balance of estimated tax due (Line 14 Less Line 16 & 17)		
	TOTAL PAYMENT DUE: LINE 10 \$ + LINE 17 \$ =AMOUNT DUE WITH TAX FILING	\$	
	rtify that I have examined this return (including accompanying schedules and statements) and to the best of my knowledge rect, and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which prepar		,
Sign	ature of Person Preparing if Other Than Taxpayer Date Signature of Taxpayer		Date
Add	ess Telephone # Signature of Taxpayer		Date

## **WORKSHEET A - ADJUSTMENTS TO LINE 1 INCOME**

ATTACH VERIFICATION OF ADJUSTMENTS (Provide calculations to determine credit)

**DEDUCT OR ADD:** 

	artial year resident. Enter income earned as a non-resident (Do not include income earned working in Granville Village)  Please include the calculations used to determine the partial year credit)	\$
	liscellaneous income not on W-2 form such as: tips, work related bonuses/prizes, commissions, back ay awards, income reported as misc. income on Fed. Schedule 1 line B - etc	\$
3. G	ambling winnings, lottery, prizes etc	\$
<b>1.</b> TO	OTAL ADJUSTMENTS (enter page 1, Line 2)TOTAL A4	\$
	***** STOP HERE IF YOU HAVE NO OTHER INCOME TAXABLE TO GRANVILLE - RETURN TO PAGE	1 ****
ı. S	CHEDULE C - SELF EMPLOYMENT INCOME (Profit or Loss must be reported)	
	TTACH FEDERAL SCHEDULE C (PAGES 1 & 2). IF TAXES WERE PAID TO OTHER CITY(S), ATTACH COPY(S) OF THER CITY RETURN TO VALIDATE THE .75% CREDIT AGAINST YOUR GRANVILLE TAX.	
A.	Enter net profit or loss from Federal Sch. C	\$
	(If you are a non-resident of Granville and Schedule C includes income earned within and outside Granville, complete	
	Schedule Y below to determine income allocable to Granville and proceed to line 1B)	
В.	Enter percentage from Schedule Y, Step 5	
C.	. Taxable income is line 1A, or, line 1A multiplied by % on line 1B (enter total on 3A below)TOTAL 1C	\$
	Business Name: Business Address	
	Nature of Business: Date Started Date Ended	
2. S	CHEDULE E - OTHER BUSINESS INCOME (Profit or Loss must be reported)	
A	TTACH FEDERAL SCHEDULES (Pages 1 & 2) E, F, K-1, FORM 4797.	
A.	Rental, Royalty income (gain/loss)	\$
В.	Farm income (gain/loss)	\$
C	Partnership, Trust income	\$
D.	. Other 2D	\$
E.	. TOTAL (sum of 2A through 2D; enter total on line 3B below)	\$
. sı	UMMARY OF ALL BUSINESS INCOME - ATTACH ALL APPLICABLE SCHEDULES & STATEMENTS	
A.	. Enter amount of income (gain or loss) from line 1C of Schedule C above	\$
В.	. Enter amount of income (gain or loss) from line 2E of Schedule E above	\$
	Less net loss per previous Granville Tax Returns (see note below)	
C.	Less liet loss per previous Granville Tax Neturns (see note below)	\$
C.		

## 2024 DECLARATION AND RETURN PAYMENT CALENDAR