

FINAL RETURN
 Village of Rio Grande
 P. O. Box 343
 Rio Grande, Ohio 45674

VILLAGE OF RIO GRANDE INCOME TAX RETURN
 FOR USE BY ALL TAXPAYERS ON A CALENDAR YEAR BASIS
 OR OTHER TAXABLE PERIOD BEGINNING
 AND ENDING 19

CALENDAR YEAR TAXPAYERS FILE ON OR BEFORE APRIL 30, 19

FISCAL AND PARTIAL YEARS, FILE WITHIN 4 MONTHS OF END OF THE PERIOD

TAXPAYER'S NAME AND ADDRESS

IF YOU MOVED
 DURING TAX YEAR
 STATE DATE _____
 INTO VILLAGE OF RIO GRANDE
 OUT OF VILLAGE OF RIO GRANDE

DID YOU FILE A RETURN LAST YEAR? YES NO

NATURE OF
 BUSINESS _____
 RESIDENT OF
 VILLAGE OF RIO GRANDE YES NO
 LOCAL
 PHONE _____

- NOTE 1. This return must be submitted by everyone required to submit a Declaration even though his income at the end of the year was the same as anticipated and all amounts declared have been paid.
- NOTE 2. Any taxpayer attaching a copy of his Federal Return or Schedules, need not complete page 2 (Except schedule Y when line 4 is used).
- NOTE 3. OVERPAYMENT CLAIMS WILL RECEIVE CREDIT ONLY ON RETURN FULLY COMPLETED. NO REFUND UNDER \$1.00.

1. ENTER GROSS WAGES, SALARIES, BONUSES, COMMISSIONS AND OTHER COMPENSATION RECEIVED BEFORE ANY PAYROLL DEDUCTIONS. ATTACH W-2 FORMS

VILLAGE OF
 RIO GRANDE
 TAX WITHHELD

WAGES
 ETC.

.....	\$.....	\$.....	
.....			
.....			
a. TOTAL: IF NO OTHER TAXABLE INCOME ENTER TOTAL WAGES HER AND ON LINE 5	\$.....	xxxxxxx	\$.....
2. OTHER INCOME SUBJECT TO VILLAGE OF RIO GRANDE INCOME TAX - FROM PAGE 2 (See notes above)			
3. TOTAL INCOME (total lines 1 and 2, or as per Federal return attached)			
4. AMOUNT ALLOCABLE TO VILLAGE OF RIO GRANDE IF SCHEDULE Y, PAGE 2 IS USED % OF LINE 5			
5. AMOUNT SUBJECT TO VILLAGE OF RIO GRANDE INCOME TAX (line 4)			
6. VILLAGE OF RIO GRANDE INCOME TAX (1% OR .01 of amount shown on line 5)			
7. CREDITS: (a) Village of Rio Grande tax withheld by employer(s)			
(b) Payments and credits on Declaration of Estimate Tax			
(c) Earned income taxes paid City of(By Individuals Only)			
(x) TOTAL CREDITS ALLOWABLE			
8. BALANCE OF TAX DUE (line 6 less line 7x) PAYMENTS MUST ACCOMPANY THIS FORM			
9. OVERPAYMENT CLAIMED (If line 7x exceeds line 6 enter difference here \$			
Enter amount of line 9 you want: CREDITED to your Estimated Tax \$ REFUNDED \$			
			\$

THE UNDERSIGNED DECLARES THAT THIS RETURN (AND ACCOMPANYING SCHEDULES) IS 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

.....
 (Signature of Person Preparing, if Other Than Taxpayer) (Date) (Signature of Tax Payer or Agent) (Date)

.....
 (Address or Name and Address of Firm or Employer) (Title)