## **FORM FR 1542**

## MAKE CHECK OR MONEY ORDER TO: VILLAGE OF FORT RECOVERY amcabee@fortrecovery.org

## **INDIVIDUAL - 2022** INCOME TAX RETURN FORT RECOVERY

Taxpayer's Social Security No.	
HomeTelephone No.	BusinessTelephone No.

Due Date 04/17/2023 201 S. MAIN STREET Federal Schedules MUST be attached to PO BOX 459 Spouse's Social this return. FORT RECOVERY OH 45846 Security No. Spouse's Name Voice 419-375-4580 Ext Fax 419-375-4709 HomeTelephone No. BusinessTelephone No. IF YOU HAVE MOVED DURING Filing Status Name TAX YEAR - GIVE DATES RESIDENT Single INTO Married filing joint NON-RESIDENT And Married filing separate OUT OF IF YOU RENT, PLEASE GIVE LANDLORDS INFORMATION Address NAME **ADDRESS** Income 1 Wages, salaries, tips,etc. 2 Other taxable income 3 Total taxable income (add lines 1 and 2) Tax and Credits 4 Fort Recovery tax due before credits (1.000% of line 3) 5 Estimated tax payments made to Fort Recovery 6 Taxes withheld and paid to Fort Recovery 6 7 Overpayment from prior year(s) 8 Taxes withheld and paid to other localities Credit cannot exceed 100.0% of tax withheld up to 1.00% of income earned in each location. 9 Total credits (add lines 5 through 8) Refund (Issued if greater than 10.01) 10 If line 9 is greater than line 4, subtract line 4 from line 9. This is the amount you overpaid 11 Amount of line 10 to be credited to next years estimate 11 12 Amount of line 10 to be refunded 12 Tax Due (if greater than 10.01) 13 If line 4 is more than line 9, subtract line 9 from 4, this is the tax amount you owe 13 14 Penalties and interest Late File Late Pay Late Estimate Interest **Declaration of Estimate For 2023** 15 Estimated income 15 16 Estimated tax due. Multiply line 15 by 1.000% 16 17 Taxes to be withheld and paid to Fort Recovery and other localities 17 18 Prior credit applied to estimated tax payments (From line 11) 18 19 Net estimated tax due (subtract line 17 and 18 from 16) 19 20 Minimum amount due for first quarter (multiply line 19 by .25) 20 **Amount You Owe** 21 Total amount due (add lines 13, 14 and 20) Tax Office Use Only: Tax Office Use Only: Tax Office Use Only

The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated

Taxpayer's Signature Date Spouse's Signature Date Tax Preparer's Signature Date (If other than taxpayer) Phone No. .

and that the figures used herein are the same as used for Federal Income Tax purposes

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