FORM FR 1542

INDIVIDUAL - 2025
INCOME TAX RETURN
FORT RECOVERY

Federal Schedules MUST be attached to this return.

MAKE CHECK OR MONEY ORDER TO:
VILLAGE OF FORT RECOVERY

201 S. MAIN STREET
PO BOX 459
FORT RECOVERY OH 45846

Voice 419-375-4580 Ext Fax 419-375-4709
amcabee@fortrecoveryohio.gov

Taxpayer's Social Security No.

HomeTelephone No. | BusinessTelephone No.

Spouse's Social Security No.

Spouse's Name

HomeTelephone No. | BusinessTelephone No.

Name

And

Address

Filing Status
- ☐ Single
- ☐ Married filing joint
- ☐ Married filing separate

☐ RESIDENT
☐ NON-RESIDENT

IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES
INTO / /
OUT OF / /

IF YOU RENT, PLEASE GIVE LANDLORDS INFORMATION
NAME_____
ADDRESS_____

Income

1 Wages, salaries, tips,etc.	1	
2 Other taxable income	2	
3 Total taxable income (add lines 1 and 2)		3

Tax and Credits

4 Fort Recovery tax due before credits (1.000% of line 3)		4
5 Estimated tax payments made to Fort Recovery	5	
6 Taxes withheld and paid to Fort Recovery	6	
7 Overpayment from prior year(s)	7	
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.	8	
9 Total credits (add lines 5 through 8)		9

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		10
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** _____		14

Declaration of Estimate For 2026

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)		21

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

Taxpayer's Signature Date

Spouse's Signature Date

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

CREDIT CARD INFORMATION FOR PAYMENT

☐ MasterCard ☐ ☐ DISCOVER

ACCOUNT NUMBER

SECURITY PIN CARD EXPIRATION / /

AMOUNT

CARD HOLDER SIGNATURE - SIGN HERE

May VILLAGE OF FORT RECOVERY discuss this return with the preparer shown above ___Yes ___No