

Village of Leipsic
Income Tax Department

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2025 Leipsic EZ Individual Tax Return

Due on or before
April 15, 2026

FILING REQUIRED EVEN IF NO TAX IS DUE.

Residency Status Resident Non Resident Part Year Resident

Taxpayer's Name _____

Taxpayer SSN: _____

Spouse's Name _____

Spouse SSN: _____

Address _____

Phone Number: _____

E-mail Address: _____

If you moved during the year, you must

complete lines below

Date moved out of Leipsic _____ Into _____

Present Address _____

Previous Address _____

PART A

I AM NOT REQUIRED TO COMPLETE LINES 1-13 OF THIS TAX RETURN BECAUSE:

ACTIVE DUTY MILITARY UNTIL DATE _____ ONLY INCOME IS FROM NON TAXABLE SOURCE, LIST SOURCE _____
 RETIRED PRIOR TO 2025 MOVED FROM LEIPSIC PRIOR TO 1/1/25 LIST DATE OF MOVE _____
 UNDER 18 YEARS OF AGE TAX PAYER DECEASED, LIST DATE OF DEATH _____
 DATE OF BIRTH (REQUIRED) NO EMPLOYEMNT,

PART B REQUIRED ATTACHMENTS: ALL W-2'S, 1099, FEDERAL FORM 1040 WITH SCHEDULES

Step 1.) Total Income as per attached W-2's & 1099 (Add up lines in box 5 or 18 whichever is greater) Step 1.) _____

Step 2.) Multiply Step 1 by Step 2.) _____

Step 3.) Leipsic Income Tax Withheld by employer: _____

Step 4.) Income Tax withheld by employer for other city : _____

(A maximum of 1.5% of this wage is allowed from each city)

Step 5.) Total Amount withheld _____ Step 6.) _____

Step 6.) Total amount withheld Step 7.) _____

Step 7.) Estimated Taxes Paid: Step 8.) _____

Step 8.) Credit Carryforward: Step 9.) _____

Step 9.) Tax Due (Step 2 minus Step 6,7 and 8)
Note: Refund or Tax Due of \$10.00 or less isn't payable

DECLARATION OF ESTIMATED TAX FOR YEAR 2026

MANDATORY IF YOU OWE \$200.00 OR MORE IN TAX THAT IS NOT WITHHELD, YOU MUST FILE AND PAY ESTIMATED TAX

Step 10. Total Estimated tax for 2024 (1.5% multiplied by Step 1)	10. \$	TAX OFFICE USE ONLY
Step 11. Less Credits (On Step 6) Enter amount from Step 6	11. \$	<input type="checkbox"/> Cash <input type="checkbox"/> CC
Step 12. Net Taxes Owed	12. \$	<input type="checkbox"/> Check
Step 13. Amount paid with this declaration (1/4 of line 12) Subsequent payments due 6/15, 9/15, 01/15	13. \$	Amount: _____

THE UNDERSIGNED DECLARES THAT THIS RETURN IS A TRUE, CORRECT AND COMPLETE RETURN FOR THE TAXABLE PERIOD STATED.

IF THIS RETURN WAS PREPARED BY A TAX PROFESSIONAL, MAY WE CONTACT THEM DIRECTLY? Yes No

Signature _____ Date _____

Tax Preparer _____ Date _____

Signature _____ Date _____

Telephone _____