

File With
INCOME TAX OFFICE
 P. O. BOX 151
NEWCOMERSTOWN
 OHIO 43832
 ON OR BEFORE APRIL 15, 2003
 OR WITHIN 4 MONTHS OF
 FISCAL YEAR END

2002
VILLAGE OF NEWCOMERSTOWN INCOME TAX RETURN
 For year January 1 - December 31, 2002
 or Fiscal Year _____ to _____
FILING REQUIRED EVEN IF NO TAX IS DUE

TAX OFFICE USE ONLY
 AMOUNT PAID WITH RETURN
 \$ _____
 CASH CHECK MO

↑ Your Social Security or
 Federal I.D. No. ↑

RESIDENCY STATUS:

(check one)

- Resident
 Non-Resident
 Part-year Resident

from _____ to _____

Processed _____
 Posted _____
 Refund _____
 Status _____
 Balance Due _____

IF PRINTED INFORMATION IS INCORRECT PLEASE MAKE NECESSARY CHANGES.

INCOME

1. Wages, salaries, tips, and other compensation (Attach all W-2 forms)..... \$ _____
 2. Business profit or loss (Attach Federal Business Schedule).....\$ _____
 3. Rental profit or loss (Attach Federal Rental Schedule).....\$ _____

NOTE: BUSINESS & RENTAL LOSSES CANNOT OFF-SET WAGES

4. Deduction for employee business expenses (Attach Federal Sch. A & Form 2106)\$ _____

NOTE: THESE EXPENSES CAN ONLY OFF-SET WAGES TAXED BY THE VILLAGE.

5. Taxable income (Line 1 plus 2 & 3 minus line 4).....\$ _____
 6. Newcomerstown tax due at 2% of line 5 above.....\$ _____

CREDITS

ATTACH W-2 FORMS HERE

7. Tax credits:
 A. Newcomerstown tax withheld.....\$ _____
 B. Tax paid the City or Village of _____ (Not to exceed 2% per locality).....\$ _____
 C. Estimated tax paid Newcomerstown.....\$ _____
 D. Prior years overpayment\$ _____
 E. Total tax credits.....\$ _____
 8. BALANCE DUE: (If line 6 is greater than line 7E).....\$ _____
 MAKE REMITTANCE TO: NEWCOMERSTOWN INCOME TAX DEPT. - Disregard any amount under \$1.00
 9. Penalty & Interest Charges.....\$ _____
 10. Overpayment to be refunded \$ _____ or credited \$ _____ to next year's estimate.

DECLARATION OF ESTIMATED TAX FOR YEAR 2003

1. Total Income Subject to Tax \$ _____: Multiply by Rate of 2% For Gross Tax of\$ _____
 2. Less Expected Tax Credits
 A. Withheld by an Employer (Not to Exceed 2%).....\$ _____
 B. Overpayment From Prior Year\$ _____
 C. Payments to Another Municipality (Not to Exceed 2%).....\$ _____
 D. Total Credits\$ _____
 3. Net Tax Due (Line 1 Less Line 2D)\$ _____
 4. Amount Paid With This Declaration (Not Less Than 1/4 of Line 3)\$ _____

I CERTIFY THAT I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE. IF PREPARED BY A PERSON OTHER THAN TAXPAYER, THE DECLARATION IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE.

Signature of Person Preparing if Other Than Taxpayer

Date

Signature of Taxpayer or Agent

Date

Address

Telephone Number

Signature of Spouse

Date

TAX OFFICE COPY