

VILLAGE OF MC COMB INCOME TAX RETURN

Due Date April 15, 20__

FORM R -EZ
FOR THE TAX YEAR
20__

Taxpayer's Name & Address _____

Federal Identification Numbers _____

	<u>Column 1</u>	<u>Column 2</u>	<u>Column 3</u>
Line 1. Total earned income (Forms W-2 must be attached)	Other Cities	McComb	Gross Earnings
Employer Name	Tax	Tax	Form W-2
City	Withheld	Withheld	Larger of
	(Maximum 1%)	Box 19	Box 5 or Box 18
1a _____	_____	_____	_____
1b _____	_____	_____	_____
1c _____	_____	_____	_____
1d _____	_____	_____	_____
1e _____	_____	_____	_____
1f _____	_____	_____	_____
(If additional space is required, list on back of form)			
Total Line 1	_____	_____	_____

Line 2. Other income/(loss) from Schedules C, E, F, K, Form 1099 MISC. & Form 2106
(Copies of Federal Schedules must be attached)

2a	Schedule C.....	_____
2b	Schedule E.....	_____
2c	Schedule F.....	_____
2d	Schedule K (non-resident partnership).....	_____
2e	Forms 1099 MISC.....	_____
2f	Form 2106 (Deduction).....	(_____)_____
	Total Line 2	_____

Line 3. Less loss carry forward previous McComb Return (5 year limit).....(_____)

Line 4. Total Income (Column 3, total lines 1, 2, & 3)....._____

Line 5. McComb Income Tax -1% (.01) of line 4....._____

Line 6. McComb Tax Withheld (Column 2 line 1 total)....._____

Line 7. Payments of Estimated Tax....._____

Line 8. Overpayments from previous year....._____

Line 9. Total McComb tax paid/withheld (total lines 6-8)....._____

Line 10. Other Cities tax paid/withheld (Column 1 line 1 total) (1% maximum)....._____

Line 11. Total tax paid/credit claimed (total lines 9 & 10)....._____

Line 12. Balance of tax due/(overpaid) (line 5 less line 11)....._____

Line 13. Amount of line 12 to credit to next year _____

Line 14. Amount of line 12 to be refunded _____

Signature of Taxpayer/ Taxpayers: _____

Preparer: _____

Date _____

Mail to: **Village Income Tax Department**
P O Box 756
McComb, OH 45858