

VILLAGE OF MC COMB INCOME TAX RETURN

Due Date April 15, 20__

FORM R
FOR THE TAX YEAR
20__

Taxpayer's Name & Address _____

Federal Identification Number: _____

	<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 _____ City _____	Tax Withheld	Tax Withheld	Form W-2
	(Maximum 1%)	Box 19	Larger of
1a _____	_____	_____	Box 5 or Box 18
(If additional space is required, provide list)			
Total Line 1	_____	_____	_____
Line 2. Other income (not apportioned, apportioned income on page 2) (Copies of Federal Schedules must be attached)			
2a Schedule C.....	_____	_____	
2b Schedule E.....	_____	_____	
2c Schedule F.....	_____	_____	
2d Form 1065.....	_____	_____	
2e Form 1120.....	_____	_____	
2f Form 2106 Deduction.....	_____	(_____)	
Total Line 2	_____	_____	_____
Line 3. Other apportioned income from page 2	_____	_____	_____
Line 4. Net loss per previous McComb Return (5 year limit).....	_____	_____	(_____)
Line 5. Total Income (Column 3, total lines 1, 2, 3 & 4).....	_____	_____	_____
Line 6. McComb Income Tax -1% (.01) of line 5	_____	_____	_____
Line 7. McComb Tax Withheld (Column 2 line 1 total).....	_____	_____	_____
Line 8. Payments of Estimated Tax	_____	_____	_____
Line 9. Overpayments from previous year	_____	_____	_____
Line 10. Total McComb tax paid/withheld (total lines 7-9).....	_____	_____	_____
Line 11. Other Cities tax paid/withheld (Column 1 line 1 total or copy of other city return).....	_____	_____	_____
Line 12. Total tax paid/credit claimed (total lines 10 & 11).....	_____	_____	_____
Line 13. Balance of tax due/(overpaid) (line 6 less line 12).....	_____	_____	_____
Line 14. Amount of line 13 to credit to next year _____			
Line 15. Amount of line 13 to be refunded _____			

Signature of Taxpayer/Taxpayers _____

Preparer: _____

Date _____

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