FORM FR 1336

MAKE CHECK OR MONEY ORDER TO: VILLAGE OF BYESVILLE, TAX DEPARTMENT

BYESVILLE

INDIVIDUAL - 2023 INCOME TAX RETURN

Taxpayer's Social Security No.	
HomeTelephone No.	BusinessTelephone No.
Spouse's Social Security No.	

PO BOX 8	<u>Due Date</u> 04/15/2024 FILING IS REQUIRED EVEN IF NO TAX IS DUE		Home I elephone No.		Business I elephone No.			
BYESVILLE OH 43723			Spouse's Social Security No.					
Voice 740-685-0800 Ext 3 Fax 740-685-8633 Please attac		your Federal Tax Return with		Spouse's Name				
Email: Vvargeson@ByesvilleOH.GOV	all applicable schedules, W-2's, and 1099's.		HomeTelephone No.		BusinessTelephone No.			
Name		<u>Filin</u> ∏Single	g Status	RESIDENT		OU HAVE MOVED DURING (YEAR - GIVE DATES		
And		Marrie	d filing joint d filing separate	NON-RESIDENT	OUT OF	/ /		
Address				ENT, PLEASE GIVE LAN		, ,		
	NAME	NAME						
		ADDRESS_						
Income								
1 Wages, salaries, tips,etc.			1					
2 Other taxable income			2					
3 Total taxable income (add lines 1 and 2)								
Tax and Credits					_			
4 Byesville tax due before credits (1.000% of line	3)				4	,		
5 Estimated tax payments made to Byesville			5					
6 Taxes withheld and paid to Byesville			6					
7 Overpayment from prior year(s)			7					
8 Taxes withheld and paid to other localities								
Credit cannot exceed 100.0% of tax withheld	l up to 1.00% of income	earned in each lo	cation. 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								
11 Amount of line 10 to be credited to next years estimate								
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								
14 Penalties and interest Late File Late Pay Late Estimate Interest					14			
Declaration of Estimate For 2024								
15 Estimated income			15		1			
16 Estimated tax due. Multiply line 15 by 1.000%			16					
17 Taxes to be withheld and paid to Byesville and			17		1			
18 Prior credit applied to estimated tax payments			18					
19 Net estimated tax due (subtract line 17 and 18 from 16)								
20 Minimum amount due for first quarter (multiple	· · · · · · · · · · · · · · · · · · ·		20					
Amount You Owe	1y IIIIe 19 0y 2370)		20		i			
21 Total amount due (add lines 13, 14 and 20)					21			
			Tax Office Use	Only : Tax Office Us	e Only	: Tax Office Use Only		
			Date Receive					
The undersigned declares under penalty of perjury, 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.								
tor the taxable period stated and that the rightes used nevent are the same a	s used for rederal meome rax purpose		Payment Type		ey Or	der Check		
			Check#/Mone	ey Oraer#				
Taxpayer's Signature	Date							
Spouse's Signature	Date *	Vou can also	nav vour toy	es online @ By	veevi:	IIAOH GOV		
		TOU CAIT AISO	pay your lax	cs orilline @ by	/C2VII	IICOI I.GOV		
Tax Preparer's Signature	Date							
(If other than taxpayer) Phone No								