

FILE WITH:  
Westfield Center  
Income Tax Dept.  
P.O. Box 750  
Westfield Center, OH 44251  
Phone (330) 887-5151

# Village of Westfield Center

MAKE CHECK OR MONEY  
ORDER PAYABLE TO:  
Westfield Center  
Income Tax

## Individual Income Tax Return

For the Calendar Year of **2019** – Filing Deadline April 15, 2020

Name & Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Acct. Number: \_\_\_\_\_  
 Resident  
 Non Resident  
 Sole Proprietor

All Year Resident?  Yes  No  
Move in date: \_\_\_\_\_  
Move out date: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
If renting a residence, name and address of owner  
\_\_\_\_\_  
\_\_\_\_\_

**1. W2 INCOME: Employer**

**Amount (usually box 5 of W2)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TOTAL W2 INCOME**

**1.** \_\_\_\_\_

**2. OTHER INCOME: BUSINESS, RENTS OR Professional** (Fed Sch C, E, F, K-1, 1099-Misc) Attach Copies

\_\_\_\_\_  
\_\_\_\_\_

**TOTAL OTHER INCOME**

**2.** \_\_\_\_\_

**3. TOTAL INCOME SUBJECT TO WESTFIELD CENTER TAX**

(Add box 1 and box 2)(Losses may not be used to offset W-2 income from line 1)

**3.** \_\_\_\_\_

**4. TOTAL WESTFIELD CENTER INCOME TAX** (Multiply box 3 by 1%) 0.01

**4.** \_\_\_\_\_

**5. CREDITS**

a. Westfield Center Income Tax Withheld

b. Estimated tax payments

c. Prior year credits carried forward

d. Credit for taxes paid to other municipality (Limit 1%)

e. Total Credits (Add 5a through 5d and enter here)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5.** \_\_\_\_\_

**6. TAX DUE (Subtract line 5e from line 4)** (If less than \$10.00 enter \$0)

**6.** \_\_\_\_\_

**7. OVERPAYMENT** (if line 5e is greater than line 4 and over \$10.00) enter amount to be credited and/or refunded

**AMOUNT CREDITED TO NEXT YEAR'S TAX** \_\_\_\_\_ **AMOUNT REFUNDED** \_\_\_\_\_

Declaration of Estimated Tax for Year 2020 Mandatory if Estimated Tax Liability (Line 10) is \$200 or Greater

**8. ESTIMATED TAXABLE INCOME** \$ \_\_\_\_\_ Multiply by tax rate of 1% for gross tax of **8.** \_\_\_\_\_

**9. LESS EXPECTED TAX CREDITS**

a. Tax Withheld By Employer For Westfield Center

b. Credit for Tax Paid to Another Municipality (1% Limit)

c. Total Estimated Credits (Add 9a and 9b)

\_\_\_\_\_  
\_\_\_\_\_

**9.** \_\_\_\_\_

**10. NET 2020 ESTIMATED TAX LIABILITY DUE** (Line 8 less Line 9c)

**10.** \_\_\_\_\_

**11. FIRST QUARTER ESTIMATED PAYMENT**

a. Amount due with this Declaration (Minimum 22.5% of Line 10)

b. Less Overpayment Credit (From Line 7 Above)

c. Net First Quarter Estimated Payment (Line 11a less 11b)

\_\_\_\_\_  
\_\_\_\_\_

**11.** \_\_\_\_\_

**12. TOTAL ENCLOSED PAYMENT** (Line 6 plus Line 11c)

**12.** \_\_\_\_\_

I hereby certify that this return (and accompanying schedule(s)) is true, correct and complete return pursuant to the Westfield Center Ordinances.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Signature of person preparing, if other than taxpayer: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Printed name of preparer: \_\_\_\_\_

May we contact your tax preparer directly?  Yes  No Preparer phone number: \_\_\_\_\_

FILE WITH:  
Westfield Center  
Income Tax Dept.  
P.O. Box 750  
Westfield Center, OH 44251  
Phone (330) 887-5151

# Village of Westfield Center

Office Use Only

Name & Address

---

---

---

---

## Tax Exemption Statement

**If you were exempt from income tax for 2019 complete only this portion and return it by April 15, 2020.**

I am a resident of Westfield Center and I am not required to pay income tax in 2019 because:

- RETIRED, receive only pension, Social Security, interest or dividend income
- AN ACTIVE MEMBER OF THE ARMED FORCES OF THE UNITED STATES FOR THE ENTIRE YEAR. (This does not include civilians employed by the military or National Guard.)
- UNDER 18 FOR THE ENTIRE YEAR.
- NO EARNED INCOME FOR THE ENTIRE YEAR. (Public Assistance, Unemployment, SSI, etc.)
- BUSINESS CLOSED OR RENTAL PROPERTY SOLD \_\_\_\_/\_\_\_\_/\_\_\_\_ (date).
- ESTABLISHED DOMICILE IN ANOTHER CITY.

**I hereby certify that I am exempt from Westfield Center income tax for 2019 and this is a true, correct, and complete statement pursuant to the ordinances and regulations of the Village of Westfield Center.**

Signed \_\_\_\_\_ date \_\_\_\_\_ Signed \_\_\_\_\_ date \_\_\_\_\_

## Submit Address Change (if needed)

Taxpayer Names		Phone Number
New Address		Move In
		/ /
City	State	Zip
		Move Out
		/ /