

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

Village of Westfield Center

Individual Income Tax Return

MAKE CHECK OR MONEY
ORDER PAYABLE TO:
Westfield Center
Income Tax.
Secure Credit Card
Payments can be
submitted on our website
www.westfieldcenter.org

For the Calendar Year of **2023** — Filing Deadline **April 15, 2024**

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 & Work Location (include copies of W2 with amounts in box 5 (and 18) if applicable)

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(s) (Limit 1%)

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

5.

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

6.

6. 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 2024 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 2023 ESTIMATED TAX LIABILITY DUE (Line 8 less Line 9)

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 11)

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: _____

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Village of Westfield Center

Office Use Only

Name & Address

Tax Exemption Statement

**If you were exempt from income tax for 2023 complete only this portion
and return it by April 15, 2024**

I am a resident of Westfield Center and I am not required to pay income tax in 2023 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 2023 and this is a true, correct,
and complete statement pursuant to the ordinances and regulations of the Village of Westfield Center.**

Signature _____ date _____ Spouse Signature _____ date _____

If prepared by other than tax filer; signature of person preparing:

Printed name of preparer: _____

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

Submit Address Change (if needed)

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