



THE VILLAGE OF PLAIN CITY 2021 INDIVIDUAL INCOME TAX RETURN

FILE ON OR BEFORE APRIL 18, 2022

VILLAGE OF PLAIN CITY OHIO INCOME TAX DEPARTMENT
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PLAIN CITY ID # _____

YOUR SOCIAL SECURITY # _____

SPOUSE SOCIAL SECURITY # _____

RESIDENCY AND EMPLOYMENT INFORMATION ATTACH ADDITIONAL SHEET IF NECESSARY

PART YEAR RESIDENT FROM _____ TO _____

NAME OF EMPLOYER _____

CITY WHERE WORK PERFORMED _____

DATES EMPLOYED _____

NAME OF EMPLOYER _____

CITY WHERE WORKED _____

DATES EMPLOYED _____

Name, Address and Email: Indicate change(s) by checking ☐ Name ☐ Address ☐ Email Effective Date: _____

CHECK ONLY ONE FILING STATUS

- ☐ SINGLE
☐ MARRIED FILING JOINTLY
☐ MARRIED FILING SEPARATELY

LIST OTHER PERSON, 18 YEARS OR OLDER, LIVING IN RESIDENCE

Name _____
Date of Birth _____
Social Security Number _____

DO YOU OWN RENTAL PROPERTY? ☐ YES ☐ NO
IF RENTING RESIDENCE, GIVE NAME AND ADDRESS OF PROPERTY OWNER

COMPLETE THIS SECTION IF ONLY INCOME IN 2021 WAS NON-TAXABLE. SEE INSTRUCTION NO.3.

TYPE OF NON-TAXABLE INCOME: ☐ RETIRED-SOCIAL SECURITY/PENSION ☐ RESERVE/ACTIVE MILITARY PAY ☐ UNEMPLOYMENT ☐ PERMANENT DISABILITY
☐ OTHER _____ NOTE: IF YOU HAD NO OTHER SOURCES OF INCOME IN 2021 – STOP HERE, SIGN, DATE AND MAIL YOUR RETURN

1. TOTAL W-2 WAGES (Use W-2 box 5 or box 18, whichever is higher) ATTACH ALL W-2s & W2Gs \$ _____
- 1A. ADJUSTMENTS TO TAXABLE WAGES FROM PAGE 2, LINES 17-20 \$ _____
2. OTHER TAXABLE INCOME FROM PAGE 2, LINE 16 ATTACH ALL FEDERAL SCHEDULES OR 1099M \$ _____
3. TOTAL TAXABLE INCOME (Line 1 minus Line 1A plus line 2)..... \$ _____
4. PLAIN CITY INCOME TAX (Multiply line 3 by .015) \$ _____
5. CREDITS
 - A. TAX WITHHELD BY EMPLOYER FOR PLAIN CITY \$ _____
 - B. 2021 CREDIT FOR TAX PAID AND PRIOR YEAR CREDITS AS OF \$ _____
 - C. PAYMENTS MADE AFTER ABOVE DATE \$ _____
 - D. TOTAL CREDITS (Add 5A through 5C)..... \$ _____
6. TOTAL TAX DUE (Line 4 minus Line 5D) \$ _____
7. PENALTY AND INTEREST – SEE INSTRUCTION NO. 10
 - A. 15% PENALTY FOR LATE PAYMENT \$ _____
 - B. .58% PER MONTH INTEREST FOR LATE PAYMENT \$ _____
 - C. \$25 PER MONTH LATE FILING PENALTY (CAPPED AT \$150)..... \$ _____
 - D. TOTAL PENALTY AND INTEREST CHARGES (Add 7A through 7C) \$ _____
8. IF LINE 4 IS GREATER THAN LINE 5D, PAYMENT OF BALANCE MUST ACCOMPANY THIS RETURN **2021 BALANCE DUE** \$ _____
9. IF LINE 5E IS GREATER THAN LINE 4, OVERPAYMENT TO BE REFUNDED \$ (A) _____ OR CREDITED \$ (B) _____
TO NEXT YEAR ESTIMATE (IF LINE 8 OR 9 IS \$10.00 OR LESS, NO PAYMENT DUE, NO REFUND ISSUED OR CREDIT CARRY FORWARD)

DECLARATION OF ESTIMATED TAX FOR YEAR 2022

COMPLETE THIS SECTION IF YOU EXPECT TO HAVE TAXABLE INCOME FOR WHICH PLAIN CITY TAX IS NOT WITHHELD. SEE GENERAL INSTRUCTIONS.

10. TOTAL INCOME SUBJECT TO TAX \$ _____ MULTIPLY BY TAX RATE OF 1.5% FOR TAX DUE OF \$ _____
11. LESS EXPECTED CREDIT FOR PLAIN CITY TAX TO BE WITHHELD \$ _____
12. DECLARATION FOR 2022 (LINE 10 MINUS LINE 11) \$ _____
13. LESS OVERPAYMENT FROM PRIOR YEAR(S) \$ _____
14. AMOUNT PAID WITH THIS DECLARATION (25% OF LINE 12 LESS LINE 13)..... **2022 AMOUNT DUE** \$ _____
15. TOTAL DUE (LINE 8 PLUS 14)..... **REMIT PAYMENT TOTAL OF LINES 8 & 14** \$ _____

I CERTIFY THAT I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENT(S) AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE. MAY THE VILLAGE OF PLAIN CITY DISCUSS THIS RETURN WITH THE PREPARER SHOWN BELOW? YES ☐ NO ☐

Signature of Person Preparing if Other Than Taxpayer

Date

Signature of Taxpayer

Date

Print Name of Person Preparing if Other Than Taxpayer

Date

Signature of Spouse

Date

16. OTHER TAXABLE INCOME. SEE INSTRUCTION NO. 6.

Profit

Loss

A. PROFIT/LOSS FROM ANY BUSINESS OWNED (ATTACH FEDERAL SCHEDULE C)

B. PROFIT/LOSS FROM ANY RENTAL INCOME AND/OR FARM INCOME (ATTACH FEDERAL SCHEDULE E OR F).....

C. PROFIT/LOSS FROM NON-PLAIN CITY PARTNERSHIP (ATTACH FEDERAL SCHEDULE E)

D. OTHER INCOME (EXPLAIN SOURCE OR ATTACH SUPPORTING DOCUMENTATION)

E. REPORT TOTAL PROFIT/LOSS HERE.....

REPORT NET PROFIT HERE AND ON LINE 3 ON FRONT OF FORM

ADJUSTMENTS TO TAXABLE WAGES

17. PART-YEAR RESIDENTS – INSTRUCTION NO.5

ENTER WAGE EARNED WHILE NOT A RESIDENT OF PLAIN CITY. ATTACH SEPARATE CALCULATION OR SUPPORTING DOCUMENTATION

ENTER AMOUNT ON LINE 1A ON FRONT OF FORM \$ _____

18. NON-RESIDENTS

ENTER WAGE EARNED ON WHICH PLAIN CITY TAX WAS IMPROPERLY WITHHELD. COMPLETE EMPLOYER CERTIFICATION BELOW

ENTER AMOUNT ON LINE 1A ON FRONT OF FORM \$ _____

19. NON-RESIDENT OVER-THE-ROAD TRUCK DRIVERS

MULTIPLY YOUR QUALIFYING WAGE BY 90% (.90). COMPLETE EMPLOYER CERTIFICATION BELOW \$ _____

NOTE: IF YOU ARE AN INTERSTATE TRUCK DRIVER REQUESTING A FULL REFUND OF PLAIN CITY TAX WITHHELD EMPLOYER MUST PROVIDE SEPARATE LETTER DETAILING THIS INFORMATION.

ENTER AMOUNT HERE AND ON LINE 1A ON FRONT OF FORM \$ _____

20. NON-RESIDENT EMPLOYEES WHO WORKED PART OF THE YEAR OUTSIDE PLAIN CITY FOR WHICH YOUR EMPLOYER WITHHELD PLAIN CITY TAX. A LIST OF DATES AND WORK LOCATIONS MUST BE ATTACHED. COMPLETE EMPLOYER CERTIFICATION BELOW

A. TOTAL QUALIFYING WAGE FOR THE YEAR \$ _____

B. DIVIDE LINE A BY 260, TOTAL WORK DAYS IN A YEAR \$ _____

C. ENTER NUMBER OF DAYS WORKED OUTSIDE THE CITY \$ _____

D. MULTIPLY B X C

ENTER AMOUNT HERE AND ON LINE 1A ON FRONT OF FORM \$ _____

CERTIFICATION BY EMPLOYER REGARDING ADJUSTMENTS TO TAXABLE WAGES

EMPLOYER CERTIFICATION IS REQUIRED TO CLAIM ADJUSTMENTS ON LINES 17 THROUGH 20 ABOVE. YOUR REQUEST FOR REFUND WILL NOT BE CONSIDERED VALID WITHOUT A COMPLETED EMPLOYER CERTIFICATION. A SEPARATE CERTIFICATION IS REQUIRED FOR EACH JOB FOR WHICH YOU ARE CLAIMING ADJUSTMENTS ON LINES 17 THROUGH 20 ABOVE.

I/WE CERTIFY THAT THE EMPLOYEE REFERENCED ON THIS FORM WAS EMPLOYED BY THE UNDERSIGNED DURING THE YEAR REFERENCED ON THIS TAX RETURN; THAT THE EMPLOYEE WAS EITHER NOT WORKING INSIDE THE CORPORATE LIMITS OF THE CITY OR CITY TAX WAS IMPROPERLY WITHHELD; THAT NO PORTION OF THE TAX WITHHELD HAS BEEN OR WILL BE REFUNDED TO THE EMPLOYEE; AND THAT NO ADJUSTMENT HAS BEEN OR WILL BE MADE IN REMITTING TAX WITHHELD TO THE CITY.

Name of Employer

Title

Employer's Phone No.

Official Signature

Date

Email

Official Name Printed