



# THE VILLAGE OF PLAIN CITY 2020 INDIVIDUAL INCOME TAX RETURN

FILE ON OR BEFORE APRIL 15, 2021

VILLAGE OF PLAIN CITY OHIO INCOME TAX DEPARTMENT  
800 VILLAGE BLVD., P.O. BOX 167, PLAIN CITY, OH 43064  
PHONE: 614-873-3527, EXT. 104 • FAX: 614-873-9970  
EMAIL: INCOMETAX@PLAIN-CITY.COM • WWW.PLAIN-CITY.COM

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 2020 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 2020 – 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. 2020 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 ..... **2020 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 2021

**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 2021 (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)..... **2021 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