

INDIVIDUAL - 2009
INCOME TAX RETURN
S BLOOMFIELD

MAKE CHECK OR MONEY ORDER TO:
SOUTH BLOOMFIELD TAX DEPARTMENT
5023 S UNION ST
S BLOOMFIELD OH 43103
Voice 740-983-2541 Fax 740-983-4531
sbloom@rrohio.com

W-2's must be attached to return. Any
payments made after 12/14/09 won't be
included in the credit amount. Use
highest amount on W-2 from line 1. (Any
questions call the office) We do not give

Taxpayer's Social Security No.
Home Telephone No. Business Telephone No.
Spouse's Social Security No.
Spouse's Name
Home Telephone No. Business Telephone No.

Name
And
Address
Filing Status
Single
Married filing joint
Married filing separate
RESIDENT
NON-RESIDENT
IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES
IF YOU RENT, PLEASE GIVE LANDLORDS INFORMATION
NAME
ADDRESS

Income
1 Wages, salaries, tips, etc.
2 Other taxable income
3 Total taxable income (add lines 1 and 2)

Tax and Credits
4 S Bloomfield tax due before credits (1.000% of line 3)
5 Estimated tax payments made to S Bloomfield
6 Taxes withheld and paid to S Bloomfield
7 Overpayment from prior year(s)

Credit cannot exceed 0.00% of tax withheld up to 0.50% of income earned in each location.
8 Total credits (add lines 5 through 7)

Refund (Issued if greater than 1.01)
9 If line 8 is greater than line 4, subtract line 4 from line 8. This is the amount you overpaid
10 Amount of line 9 to be credited to next years estimate
11 Amount of line 9 to be refunded

Tax Due (if greater than 1.01)
12 If line 4 is more than line 8, subtract line 8 from 4, this is the tax amount you owe
13 Penalties and interest Late File Late Pay Late Estimate Interest

Declaration of Estimate For 2010
14 Estimated income
15 Estimated tax due. Multiply line 14 by 1.000%
16 Taxes to be withheld and paid to S Bloomfield
17 Prior credit applied to estimated tax payments (From line 10)
18 Net estimated tax due (subtract line 16 and 17 from 15)
19 Minimum amount due for first quarter (multiply line 18 by 25%)

Amount You Owe
20 Total amount due (add lines 12, 13 and 19)

The undersigned declares 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.

Tax Office Use Only : Tax Office Use Only : Tax Office Use Only
QUARTERLY PAYMENTS ARE REQUIRED/ DUE BY
APRIL 15TH.

Taxpayer's Signature Date
Spouse's Signature Date
Tax Preparer's Signature Date
(If other than taxpayer) Phone No.

CREDIT CARD INFORMATION FOR PAYMENT
DISCOVER VISA MasterCard
ACCOUNT NUMBER
SECURITY PIN CARD EXPIRATION
AMOUNT CARD HOLDER SIGNATURE - SIGN HERE

May VILLAGE OF S BLOOMFIELD discuss this return with the preparer shown above Yes No