

**INDIVIDUAL - 2021
INCOME TAX RETURN
PLYMOUTH**

Due Date 04/15/2022

**ALL "FEDERAL" W2's, 1099'S, &
SCHEDULES (C, E, etc.) MUST BE
ATTACHED TO THIS RETURN. PLYMOUTH
HAS MANDATORY FILING YOU MUST
RETURN THIS FORM COMPLETED.**

MAKE CHECK OR MONEY ORDER TO:
PLYMOUTH INCOME TAX DEPT.

48 WEST BROADWAY ST
PLYMOUTH, OH 44865

Voice 419-687-4331 x101 Fax 419-687-1331
rfearing@plymouthoh.org

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.
IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES	
INTO	/ /
OUT OF	/ /
IF YOU RENT, PLEASE GIVE LANDLORDS INFORMATION	
NAME _____	
ADDRESS _____	

Name _____
And _____
Address _____

Filing Status

Single
 Married filing joint
 Married filing separate

RESIDENT
 NON-RESIDENT

Income

1 Wages, salaries, tips, etc. 1

2 Other taxable income 2

3 Total taxable income (add lines 1 and 2) 3

Tax and Credits

4 Plymouth tax due before credits (1.000% of line 3) 4

5 Estimated tax payments made to Plymouth 5

6 Taxes withheld and paid to Plymouth 6

7 Overpayment from prior year(s) 7

Credit cannot exceed 0.00% of tax withheld up to 0.00% of income earned in each location.

8 Total credits (add lines 5 through 7) 8

Refund (Issued if greater than 10.00)

9 If line 8 is greater than line 4, subtract line 4 from line 8. This is the amount you overpaid 9

10 Amount of line 9 to be credited to next years estimate 10

11 Amount of line 9 to be refunded 11

Tax Due (if greater than 10.00)

12 If line 4 is more than line 8, subtract line 8 from 4, this is the tax amount you owe 12

13 Penalties and interest **Late File** _____ **Late Pay** _____ **Late Estimate** _____ **Interest** _____ 13

Declaration of Estimate For 2022

14 Estimated income 14

15 Estimated tax due. Multiply line 14 by 0.000% 15

16 Taxes to be withheld and paid to Plymouth 16

17 Prior credit applied to estimated tax payments (From line 10) 17

18 Net estimated tax due (subtract line 16 and 17 from 15) 18

19 Minimum amount due for first quarter (multiply line 18 by .25) 19

Amount You Owe

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

By signing this return, I declare 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

Taxpayer's Signature Date _____

Spouse's Signature Date _____

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

CREDIT CARD INFORMATION FOR PAYMENT

ACCOUNT NUMBER

SECURITY PIN CARD EXPIRATION

_____/____/____

AMOUNT

CARD HOLDER SIGNATURE - SIGN HERE

May VILLAGE OF PLYMOUTH discuss this return with the preparer shown above ___Yes ___No