

INDIVIDUAL - 2024
INCOME TAX RETURN
PLYMOUTH

Due Date 04/15/2025

All proof of income (W2, 1099, Schedules, AND SS/SSD Statements) MUST be attached to this form along with Federal 1040. Plymouth has a MANDATORY filing requirement.

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.
HomeTelephone No. BusinessTelephone No.
Spouse's Social Security No.
Spouse's Name
HomeTelephone No. BusinessTelephone 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
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 Plymouth tax due before credits (1.000% of line 3)
5 Estimated tax payments made to Plymouth
6 Taxes withheld and paid to Plymouth
7 Overpayment from prior year(s)

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)

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
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 10.00)
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 2025
14 Estimated income
15 Estimated tax due. Multiply line 14 by 1.000%
16 Taxes to be withheld and paid to Plymouth
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)

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
MasterCard VISA
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