

**BUSINESS - 2022  
INCOME TAX RETURN  
PLYMOUTH**

Fiscal Period \_\_\_\_\_ to \_\_\_\_\_

**Federal Schedules MUST be attached to this return.**

**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

Federal ID#
Business Telephone No.
Principal Business Activity NAICS Code
IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES
INTO / / OUT OF / /
CHECK ONE
<input type="checkbox"/> CORPORATION <input type="checkbox"/> ESTATE
<input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> TRUST
<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> FIDUCIARY
<input type="checkbox"/> S-CORPORATION
<input type="checkbox"/> OTHER _____

Name \_\_\_\_\_  
And \_\_\_\_\_  
Address \_\_\_\_\_

1 Total taxable income	1	
2 Adjustments (See Schedule X)	2	
3 Taxable income before allocation (Line 1 plus/minus lines 2 )	3	
4 Allocation percentage (See Schedule Y)	4	%
5 Adjusted Net Income (Multiply line 3 by line 4)	5	
6 Allocable Net Loss Carry Forward	6	
7 Plymouth Taxable income (Line 5 minus Line 6)	7	
8 Plymouth income tax (Multiply line 7 by 1.000%)	8	
9 Credits applied from previous year(s) to this year's liability	9	
10 Estimates paid on this year's liability	10	
11 Other credits	11	
12 Total credits (Total line 9, 10 and 11)	12	
13 Tax due (If line 8 is greater than line 12, subtract line 12 from line 8 ) If greater than 10.00	13	
14 Penalty	14	
15 Interest	15	
16 Total due (Total line 13, 14 and 15)	16	
17 Overpayment ( Issued if greater than 10.00 )	17	
18 Amount to be refunded	18	
19 Amount to be credited to next year	19	

**Declaration of Estimate For 2023**

20 Total estimated income subject to tax	20	
21 Estimated tax due. (Multiply line 20 by 1.000%)	21	
22 Less credits (from 19 above)	22	
23 Net estimated tax due (subtract line 22 from line 21)	23	
24 Minimum amount due for first quarter (Multiply line 23 by 25%)	24	

**Amount You Owe**

25 Total amount due (add lines 16 and 24)	25	
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**Tax Office Use Only : Tax Office Use Only : Tax Office Use Only**



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.

\_\_\_\_\_  
TaxPayer'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