

**INDIVIDUAL - 2022
INCOME TAX RETURN
PLYMOUTH**

Due Date 04/15/2023

**All W2's, 1099's, Schedules (C,E, etc.) AND
Social Security/Disability Statements MUST
be attached to this return. 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.
Filing Status <input type="checkbox"/> Single <input type="checkbox"/> Married filing joint <input type="checkbox"/> Married filing separate	
<input type="checkbox"/> RESIDENT <input type="checkbox"/> NON-RESIDENT	
IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES INTO / / OUT OF / /	
IF YOU RENT, PLEASE GIVE LANDLORDS INFORMATION NAME _____ ADDRESS _____	

Name _____
 And _____
 Address _____

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 2023

14 Estimated income 14 []

15 Estimated tax due. Multiply line 14 by 1.000% 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