

# 2018

## Village of Jamestown

### Income Tax Return

Village residents (ages 18 and over) must file a 2018 tax return or the exemption form (included) by April 15, 2019.

Taxpayers will receive a refund of overpaid taxes only if the amount overpaid is more than \$10. Likewise, taxpayers are not required to remit tax due that is less than \$10.

If you deduct expenses on from Federal Form 2106, you must include a copy of your Federal Return 1040, Schedule A and Schedule 2106.

Annual tax returns, as well as quarterly estimated tax returns, are considered to be timely filed if postmarked by the due date.

**Extensions:** It is no longer necessary to file a copy of your federal extension with Jamestown by April 15, 2019. If you have requested or received an extension to file your federal income tax return, your Jamestown return is automatically extended as well. However, you must provide a copy of the federal extension with your 2018 Jamestown tax return on or before October 15, 2018. If you have not requested or received a federal extension you may still receive an extension for Jamestown by completing an extension form, which is due on or before April 15, 2019. An extension to file is not an extension to pay – the tax you owe is still due by April 15, 2019.

**Estimated Payments:** Estimated payment vouchers for 2019 are included in this packet. Estimated quarterly payments must be made if the anticipated tax due is over \$200 (after all withholding, credits are applied). 22.5% is due by April 15, 2019, 45% by June 15, 2019, 67.5% by September 15, 2019 and 90% by December 15, 2019. Failure to have 90% of your Jamestown tax liability paid by December 15, 2019 will result in a penalty of 15% of the amount not timely paid. You may avoid this penalty by having 100% of your 2019 Jamestown tax liability paid by December 15, 2019.

Please call me at 937-675-5540 or email me at [mhaines\\_jamestown@yahoo.com](mailto:mhaines_jamestown@yahoo.com) with questions or for help in completing the forms at no charge. Marsha Haines

## General Instructions for preparing 2018 Jamestown tax return

### Section A:

If you have no village taxable income, you must complete Section A and Section C only.  
If you have taxable income, you must complete Section B.

### Section B6

Enter the name of each employer, the amount of Jamestown tax withheld (DO NOT include any school tax that was withheld), the amount of non-Jamestown tax withheld (up to .5%) and the village taxable wages (normally the Box 5 Medicare wages). Attach all W2s required to provide proof of taxable wages, Jamestown and other municipal taxes withheld. Enter all the W2s and enter the totals in 1A, 1B and 1C.

Line 1D. If you are taking this deduction, you must include the Federal schedule 2106, and your Federal 1040, Schedule A. If any of the 2106 expense was refunded to you, you cannot take it as a deduction.

Line 1E – Total taxable wages Subtract Line 1D from 1C.

Line 2 – Income other than wages – Enter the TOTAL of all other village taxable income (or losses), other than W2 wages, as listed on Worksheet A and Schedule H on the back of this form. Examples of other taxable income are business income (as listed on a 1099, Federal Schedule C, Federal Schedule E, Federal Schedule K-1. Income from gambling winnings must also be listed. Losses on Worksheet A may be used to offset income on Worksheet A. However, no losses may be used to reduce taxable wage amounts. All Federal Schedules and/or 1099 forms must be attached.

Line 3 – Total Income – Add Line 1E and Line 2. If Line 2 shows a net loss, it cannot be subtracted from Line E This is your Jamestown taxable income.

Line 4 – Multiply Line 3 by .005 to obtain tax. This is your Jamestown tax liability.

Line 5A – Enter Jamestown tax withheld from 1A.

Line 5B – Enter the amount of any estimated payments you have made or any credit carried forward from last year.

Line 5C – CANNOT EXCEED .5% - Enter other municipal tax withheld from 1B.

Line 5D – Add Line 5A, Line 5B and Line 5C. This is your total credit against your liability.

Line 6 – Balance Due – If Line 4 is greater than Line 5D, enter your balance due. If the balance is less than \$10, it need not be remitted. **Even if you cannot pay your balance in full, you should still file by April 15, 2019 to avoid the late filing penalties.**

Line 7 – Overpayment - If Line 5D is greater that Line 4, enter the amount overpaid. If the amount overpaid is less than \$10, no refund or credit will be provided. If the amount is \$10 or greater, enter the portion to be refunded or credited. If no selection is made, the overpayment will be applied as a credit to 2019.

Declaration of estimated tax for 2019 – If you have Jamestown or other municipal tax fully withheld from all of your village taxable income, then you do not need to complete this section.

# 2018 JAMESTOWN INCOME TAX RETURN

DUE ON OR BEFORE APRIL 15, 2019  
LATE FILING OF THIS RETURN SUBJECTS YOU TO  
INTEREST AND A MINIMUM \$25.00 PENALTY

937-675-5540  
Fax: 937-675-3142

**Jamestown Tax Division**  
P.O. Box 148  
Jamestown, Ohio 45335

TAXPAYER SSN: \_\_\_\_\_  
SPOUSE SSN: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

Name: \_\_\_\_\_

Spouse's Name (if filing joint return): \_\_\_\_\_

Current Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

IF YOU WERE A PARTIAL YEAR RESIDENT, LIST DATES OF  
JAMESTOWN RESIDENCE AND PREVIOUS ADDRESS:

DATE MOVED IN: \_\_\_\_\_

DATE MOVED OUT: \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_

I AM NOT REQUIRED TO COMPLETE SECTION B OF THIS TAX RETURN BECAUSE:

- UNDER 18 YEARS OF AGE       ONLY INCOME IS FROM NON TAXABLE SOURCE, LIST SOURCE \_\_\_\_\_  
 UNEMPLOYED       MOVED FROM JAMESTOWN PRIOR TO 1/1/2018, LIST DATE OF MOVE \_\_\_\_\_  
 OVER 64 YEARS OF AGE (WITH NO CITY TAXABLE INCOME)       TAXPAYER DECEASED PRIOR TO 1/1/2018, LIST DATE OF DEATH \_\_\_\_\_

**A**

**B**

EMPLOYER'S NAME	AMOUNT OF JAMESTOWN TAX WITHHELD	CITY TAX WITHHELD IN OTHER CITIES (CANNOT EXCEED .5%)	WAGES (GENERALLY BOX 5)	THIS COLUMN FOR TAX OFFICE USE ONLY

**ATTACH  
W2'S HERE**

**IMPORTANT:**  
All W-2s and  
required Federal  
Schedules  
(including  
Statements)  
must be  
attached.  
Returns received  
without ALL  
required  
information will  
be marked  
**INCOMPLETE**  
and returned  
to the taxpayer.  
AN  
**INCOMPLETE**  
RETURN IS  
NOT A FILED  
RETURN.

1. **TOTAL (ATTACH ALL W-2'S)**      1A. \_\_\_\_\_      1B. \_\_\_\_\_      1C. \_\_\_\_\_

1D. **LESS EMPLOYEE BUSINESS EXPENSES.** Copies of Federal Return (1040), Schedules A and 2106 must be attached      1D. \_\_\_\_\_

1E. **TOTAL TAXABLE WAGES (1C MINUS 1D)** .....      1E. \_\_\_\_\_

2. **INCOME OTHER THAN WAGES FROM WORKSHEETS ON REVERSE** .....      2. \_\_\_\_\_

3. **TOTAL INCOME (ADD LINE 1E AND LINE 2 - Do not subtract loss from W-2 Wages)** .....      3. \_\_\_\_\_

4. **TAX - LINE 3 MULTIPLIED BY .5% (.005)** .....      4. \_\_\_\_\_

5A. **JAMESTOWN TAX WITHHELD (FROM 1A)**.....      5A. \_\_\_\_\_

5B. **2018 ESTIMATED PAYMENTS**.....      5B. \_\_\_\_\_

5C. **CREDIT FOR OTHER CITY TAX WITHHELD (FROM 1B)**.....      5C. \_\_\_\_\_

**CANNOT EXCEED .5%. DO NOT INCLUDE AMOUNTS REFUNDED TO YOU!**

5D. **TOTAL TAX CREDITS (ADD 5A, 5B AND 5C)** .....      5D. \_\_\_\_\_

6. **IF LINE 4 IS GREATER THAN LINE 5D, BALANCE DUE (NOT LESS THAN \$10)** .....      6. \_\_\_\_\_

7. **IF LINE 5D IS GREATER THAN LINE 4 ENTER OVERPAYMENT (NOT LESS THAN \$10)...**      7. \_\_\_\_\_

AMOUNT TO BE: REFUNDED \$ \_\_\_\_\_ OR CREDITED TO 2019\$ \_\_\_\_\_

**ALL TAX BALANCES ARE DUE AND PAYABLE BY APRIL 15, 2019**

**DECLARATION OF ESTIMATED TAX FOR YEAR 2019**

8. **TOTAL ESTIMATED TAX FOR 2019 (.005 MULTIPLIED BY JAMESTOWN TAXABLE INCOME)**.....      8. \_\_\_\_\_

9. **LESS CREDITS (including prior year credit from Line 7)**.....      9. \_\_\_\_\_

10. **NET ESTIMATED TAXES OWED** .....      10. \_\_\_\_\_

11. **AMOUNT PAID WITH THIS DECLARATION (1/4 of Line 12)**.....      11. \_\_\_\_\_

12. **TOTAL DUE BY APRIL 15, 2019 (Add lines 6 and 11)** .....      12. \_\_\_\_\_

**C**

By signing below, I certify I have examined this return including all schedules and statements and to the best of my knowledge and belief, it is true, correct and complete. This return is signed under penalty of perjury. Both signatures are required on a joint tax return.

If this return was prepared by someone other than the taxpayer, please list the preparer information below:

\_\_\_\_\_  
Signature of Taxpayer or Authorized Tax Agent      Date

\_\_\_\_\_  
Preparer Name      Date

\_\_\_\_\_  
Signature of Spouse (if joint return) or Authorized Tax Agent      Date

\_\_\_\_\_  
Preparer Phone Number

**FOR TAX OFFICE USE ONLY:**

PAID \_\_\_\_\_ DATE \_\_\_\_\_ BY \_\_\_\_\_

**WORKSHEET A – OTHER INCOME (As documented by Returns, Attachments, 1099s and Schedules)**

TYPE	LOCATION	Net Taxable Gain From Fed. Schedule or Income Amount	Net Taxable Loss From Fed. Schedule or Income Amount
Proprietorship (Schedule C)			
Rental Income (Schedule E)			
Recapture of Depreciation on Sale of Rental Property (Schedule 4797)			
Reportable Partnership Income (Schedule E/K-1)			
Farm Income (Schedule F)			
1099 Income (not reported on Schedule C)			
Other Income			
<b>TOTAL TO LINE 2 ON REVERSE</b>			

In no case may business losses be taken against wages or other compensation earned as an employee.

Only the resident partner's share of partnership or S-Corp income or losses not attributable to Jamestown should be included on this return.

**SCHEDULE Y – BUSINESS ALLOCATION FORMULA**

The Business Allocation Formula is to be used by taxpayers who have a place or places of business outside Jamestown to determine the portion of the net profits attributed to that part of the business within the boundaries of Jamestown. Businesses located wholly within the Jamestown Village limits must include copies of tax returns filed and paid in other cities in order to allocate less than 100% to Jamestown.

	A. LOCATED EVERYWHERE	B. LOCATED IN JAMESTOWN	C. PERCENTAGE (B/A)
Step 1. Average original cost of real and tangible personal property .....	\$ _____	\$ _____	
Gross annual rentals multiplied by 8 .....	\$ _____	\$ _____	
Total Step 1 .....	\$ _____	\$ _____	_____ %
Step 2. Gross receipts from sales and work or services .....	\$ _____	\$ _____	_____ %
Step 3. Total qualifying wages, salaries, commissions and other compensation for all employees .....	\$ _____	\$ _____	_____ %
Step 4. Totals .....	\$ _____	\$ _____	_____ %
Step 5. AVERAGE PERCENTAGE (Divide total percentages by number of percentages used.)			
Multiply by Net Taxable Gain from Federal Schedule C and enter on Worksheet A. ....			_____ %

**SCHEDULE H – OTHER INCOME NOT INCLUDED ON FEDERAL SCHEDULES**

**RENTAL INCOME (if a Federal Return is not required)**

1. Location of Property	2. Amount of Rent Received	3. Mortgage Interest Payment	4. Repairs	5. Other Expenses	6. Total Expenses (add boxes 3, 4 & 5 together)	7. Total Income or Loss (subtract box 6 from box 2)

**INCOME FROM SALES OR SERVICES (if a Federal Return is not required)**

1. Type of Products Sold or Services Provided	2. Total Received from Customers	3. Total Paid for Products or Materials	4. Total Income or Loss (subtract box 3 from box 2)

Enter Total Income or Loss (Box 7 for Rental Income and/or Box 4 for Income from Sales and Service) under "Other Income" on Worksheet A.

# 2018 JAMESTOWN INCOME TAX RETURN

DUE ON OR BEFORE APRIL 15, 2019

LATE FILING OF THIS RETURN SUBJECTS YOU TO  
INTEREST AND A MINIMUM \$25.00 PENALTY

937-675-5540

Fax 937-675-3142

**Jamestown Tax Division**  
P.O. Box 148  
Jamestown, Ohio 45335

TAXPAYER SSN: \_\_\_\_\_  
SPOUSE SSN: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

Name: \_\_\_\_\_  
Spouse's Name (if filing joint return): \_\_\_\_\_  
Current Address: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_

IF YOU WERE A PARTIAL YEAR RESIDENT, LIST DATES OF  
JAMESTOWN RESIDENCE AND PREVIOUS ADDRESS:  
DATE MOVED IN: \_\_\_\_\_  
DATE MOVED OUT: \_\_\_\_\_  
PREVIOUS ADDRESS: \_\_\_\_\_

I AM NOT REQUIRED TO COMPLETE SECTION B OF THIS TAX RETURN BECAUSE:

**A**

- UNDER 18 YEARS OF AGE       ONLY INCOME IS FROM NON-TAXABLE SOURCE, LIST SOURCE  
 UNEMPLOYED       MOVED FROM JAMESTOWN PRIOR TO 1/1/2018, LIST DATE OF MOVE  
 OVER 64 YEARS OF AGE (WITH NO CITY TAXABLE INCOME)       TAXPAYER DECEASED PRIOR TO 1/1/2018, LIST DATE OF DEATH

**B**

EMPLOYER'S NAME	AMOUNT OF JAMESTOWN TAX WITHHELD	CITY TAX WITHHELD IN OTHER CITIES (CANNOT EXCEED 5%)	WAGES (GENERALLY BOX 5)	THIS COLUMN FOR TAX OFFICE USE ONLY
<b>1. TOTAL (ATTACH ALL W-2'S)</b>	<b>1A.</b>	<b>1B.</b>	<b>1C.</b>	

**ATTACH W-2'S HERE**

**IMPORTANT:** All W-2s and required Federal Schedules (including Statements) must be attached. Returns received without ALL required information will be marked **INCOMPLETE** and returned to the taxpayer. **AN INCOMPLETE RETURN IS NOT A FILED RETURN.**

**1D. LESS EMPLOYEE BUSINESS EXPENSES.** Copies of Federal Return (1040), Schedules A and 2106 must be attached. 1D \_\_\_\_\_

**1E. TOTAL TAXABLE WAGES (1C MINUS 1D)** 1E \_\_\_\_\_

**2. INCOME OTHER THAN WAGES FROM WORKSHEETS ON REVERSE** 2 \_\_\_\_\_

**3. TOTAL INCOME (ADD LINE 1E AND LINE 2 - Do not subtract loss from W-2 Wage)** 3 \_\_\_\_\_

**4. TAX - LINE 3 MULTIPLIED BY .05 (5%)** 4 \_\_\_\_\_

**5A. JAMESTOWN TAX WITHHELD (FROM 1A)** 5A \_\_\_\_\_

**5B. 2018 ESTIMATED PAYMENTS** 5B \_\_\_\_\_

**5C. CREDIT FOR OTHER CITY TAX WITHHELD (FROM 1B)** 5C \_\_\_\_\_

**CANNOT EXCEED 5%. DO NOT INCLUDE AMOUNTS REFUNDED TO YOU!**

**5D. TOTAL TAX CREDITS (ADD 5A, 5B AND 5C)** 5D \_\_\_\_\_

**6. IF LINE 4 IS GREATER THAN LINE 5D, BALANCE DUE (NOT LESS THAN \$10)** 6 \_\_\_\_\_

**7. IF LINE 5D IS GREATER THAN LINE 4 ENTER OVERPAYMENT (NOT LESS THAN \$10)** 7 \_\_\_\_\_

AMOUNT TO BE REFUNDED \$ \_\_\_\_\_ OR CREDITED TO 2019 \$ \_\_\_\_\_

**ALL TAX BALANCES ARE DUE AND PAYABLE BY APRIL 15, 2019**

## DECLARATION OF ESTIMATED TAX FOR YEAR 2019

8. TOTAL ESTIMATED TAX FOR 2019 (.05 MULTIPLIED BY JAMESTOWN TAXABLE INCOME)	8. _____
9. LESS CREDITS (including prior year credit from Line 7)	9. _____
10. NET ESTIMATED TAXES OWED	10. _____
11. AMOUNT PAID WITH THIS DECLARATION (1/4 of Line 12)	11. _____
12. TOTAL DUE BY APRIL 15, 2019 (Add lines 6 and 11)	12. _____

**C**

By signing below, I certify I have examined this return including all schedules and statements and to the best of my knowledge and belief, it is true, correct and complete. This return is signed under penalty of perjury. **Both signatures are required on a joint tax return.**

If this return was prepared by someone other than the taxpayer, please list the preparer information below:

Signature of Taxpayer or Authorized Tax Agent: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Spouse (if joint return) or Authorized Tax Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Preparer Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Preparer Phone Number: \_\_\_\_\_

**FOR TAX OFFICE USE ONLY:**  
PAID \_\_\_\_\_ DATE \_\_\_\_\_ BY \_\_\_\_\_



# WORKSHEET A - OTHER INCOME (As documented by Returns, Attachments, 1099s and Schedules)

TYPE	LOCATION	Net Taxable Gain From Fed. Schedule or Income Amount	Net Taxable Loss From Fed. Schedule or Income Amount
Proprietorship (Schedule C)			
Rental Income (Schedule E)			
Recapture of Depreciation on Sale of Rental Property (Schedule 4797)			
Reportable Partnership Income (Schedule E/K-1)			
Farm Income (Schedule F)			
1099 Income (not reported on Schedule C)			
Other Income			
<b>TOTAL TO LINE 2 ON REVERSE</b>			

In no case may business losses be taken against wages or other compensation earned as an employee.

Only the resident partner's share of partnership or S-Corp income or losses not attributable to Jamestown should be included on this return.

## SCHEDULE Y - BUSINESS ALLOCATION FORMULA

The Business Allocation Formula is to be used by taxpayers who have a place or places of business outside Jamestown to determine the portion of the net profits attributed to that part of the business within the boundaries of Jamestown. Businesses located wholly within the Jamestown Village limits must include copies of tax returns filed and paid in other cities in order to allocate less than 100% to Jamestown.

	A. LOCATED EVERYWHERE	B. LOCATED IN JAMESTOWN	C. PERCENTAGE (B/A)
Step 1. Average original cost of real and tangible personal property	\$ _____	\$ _____	
Gross annual rentals multiplied by 8	\$ _____	\$ _____	
Total Step 1	\$ _____	\$ _____	
Step 2. Gross receipts from sales and work or services	\$ _____	\$ _____	_____ %
Step 3. Total qualifying wages, salaries, commissions and other compensation for all employees	\$ _____	\$ _____	_____ %
Step 4. Totals	\$ _____	\$ _____	_____ %
Step 5. AVERAGE PERCENTAGE (Divide total percentages by number of percentages used.)			_____ %
Multiply by Net Taxable Gain from Federal Schedule C and enter on Worksheet A			_____ %

## SCHEDULE H - OTHER INCOME NOT INCLUDED ON FEDERAL SCHEDULES

### RENTAL INCOME (if a Federal Return is not required)

1. Location of Property	2. Amount of Rent Received	3. Mortgage Interest Payment	4. Repairs	5. Other Expenses	6. Total Expenses (add boxes 3, 4 & 5 together)	7. Total Income or Loss (subtract box 6 from box 2)

### INCOME FROM SALES OR SERVICES (if a Federal Return is not required)

1. Type of Products Sold or Services Provided	2. Total Received from Customers	3. Total Paid for Products or Materials	4. Total Income or Loss (subtract box 3 from box 2)

Enter Total Income or Loss (Box 7 for Rental Income and/or Box 4 for Income from Sales and Service) under "Other Income" on Worksheet A.

**INDIVIDUAL DECLARATION OF EXEMPTION**

Tax Year \_\_\_\_\_

SOCIAL SECURITY NUMBER

SPOUSE'S SOCIAL SECURITY NUMBER

FIRST NAME

M.I.

LAST NAME

SPOUSE'S FIRST NAME

M.I.

SPOUSE'S LAST NAME (IF DIFFERENT)

CURRENT STREET NUMBER

STREET NAME

CITY NAME

STATE

ZIP CODE

DAY PHONE

EVENING PHONE

**I believe that I am not required to file a municipal income tax return for the year shown above because:**

(Please CIRCLE the number of the statement that best applies to you)

- 1. I had **NO TAXABLE INCOME** for the entire year. (Enclose page 1 of your Federal Form 1040)
- 2. I was a member of the U. S. **ARMED FORCES** (including the National Guard) and had no other taxable income for all of the tax year. (Not including civilians employed by the military)
- 3. I was **UNDER AGE 18** for the entire year.

Date of Birth: MM / DD / YY

- 4. I am a **RETIRED** individual receiving only pension, social security, interest, or dividend income.

Date Retired: MM / DD / YY

- 5. Prior to January 1, I **MOVED** from Jamestown

Date of Move: MM / DD / YY

Previous Address \_\_\_\_\_

Street # and name

City

State Zip

- 6. Taxpayer is **DECEASED**.

Date of Death: MM / DD / YY

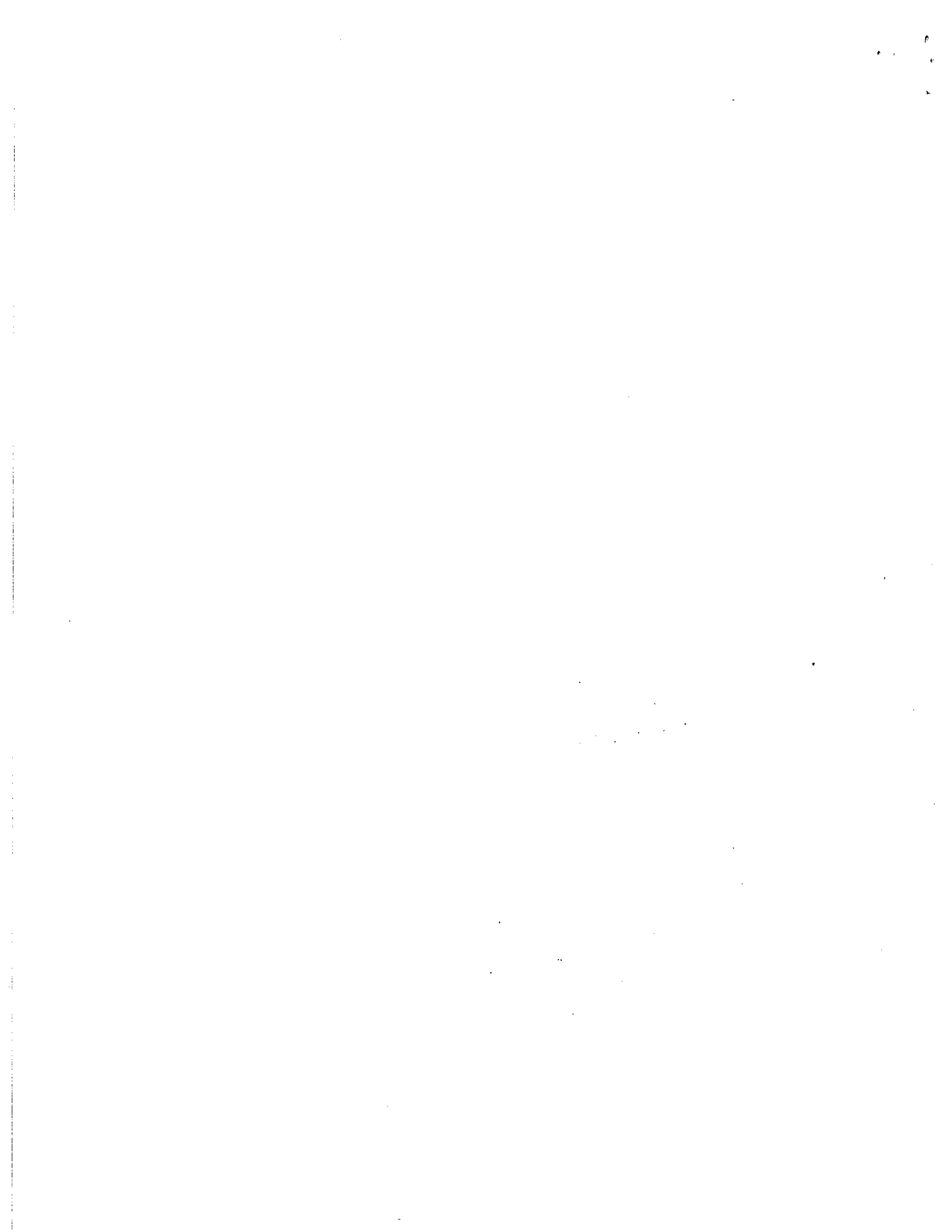
**THE BELOW SIGNED DECLARES THAT THIS EXEMPTION IS TRUE, CORRECT, AND COMPLETE.**

Taxpayer's Signature \_\_\_\_\_

DATE

Spouse's Signature \_\_\_\_\_

DATE





VILLAGE OF JAMESTOWN

**ESTIMATED TAX VOUCHER**

DIV. OF INCOME TAX

CALENDAR YEAR SCHEDULE FOR PAYING ESTIMATED TAX IN INSTALLMENTS

(1) APRIL 15 (2) JUNE 15 (3) SEPT. 15 (4) DEC. 15

FISCAL YEAR TAXPAYERS SUBSTITUTE CORRESPONDING MONTHS.

MAKE CHECKS PAYABLE TO: **VILLAGE OF JAMESTON**  
**P.O. Box 148**  
**Jamestown, Ohio 45335**

PLEASE ENTER SOCIAL SECURITY OR  
FEDERAL I.D. NUMBER IN BOX

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

JIT2100

**TAX YEAR**

**20** \_\_\_\_\_

OR FISCAL YEAR ENDING \_\_\_\_\_

PAYMENT ENCLOSED \$ \_\_\_\_\_

*FOR OFFICE USE*

DATE RECEIVED \_\_\_\_\_

PAYMENT TYPE \_\_\_\_\_

FILING PERIOD \_\_\_\_\_

AMT. REC'D \_\_\_\_\_

VILLAGE OF JAMESTOWN

**ESTIMATED TAX VOUCHER**

DIV. OF INCOME TAX

CALENDAR YEAR SCHEDULE FOR PAYING ESTIMATED TAX IN INSTALLMENTS

(1) APRIL 15 (2) JUNE 15 (3) SEPT. 15 (4) DEC. 15

FISCAL YEAR TAXPAYERS SUBSTITUTE CORRESPONDING MONTHS.

MAKE CHECKS PAYABLE TO: **VILLAGE OF JAMESTON**  
**P.O. Box 148**  
**Jamestown, Ohio 45335**

PLEASE ENTER SOCIAL SECURITY OR  
FEDERAL I.D. NUMBER IN BOX

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

JIT2100

**TAX YEAR**

**20** \_\_\_\_\_

OR FISCAL YEAR ENDING \_\_\_\_\_

PAYMENT ENCLOSED \$ \_\_\_\_\_

*FOR OFFICE USE*

DATE RECEIVED \_\_\_\_\_

PAYMENT TYPE \_\_\_\_\_

FILING PERIOD \_\_\_\_\_

AMT. REC'D \_\_\_\_\_

VILLAGE OF JAMESTOWN

**ESTIMATED TAX VOUCHER**

DIV. OF INCOME TAX

CALENDAR YEAR SCHEDULE FOR PAYING ESTIMATED TAX IN INSTALLMENTS

(1) APRIL 15 (2) JUNE 15 (3) SEPT. 15 (4) DEC. 15

FISCAL YEAR TAXPAYERS SUBSTITUTE CORRESPONDING MONTHS.

MAKE CHECKS PAYABLE TO: **VILLAGE OF JAMESTON**  
**P.O. Box 148**  
**Jamestown, Ohio 45335**

PLEASE ENTER SOCIAL SECURITY OR  
FEDERAL I.D. NUMBER IN BOX

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

JIT2100

**TAX YEAR**

**20** \_\_\_\_\_

OR FISCAL YEAR ENDING \_\_\_\_\_

PAYMENT ENCLOSED \$ \_\_\_\_\_

*FOR OFFICE USE*

DATE RECEIVED \_\_\_\_\_

PAYMENT TYPE \_\_\_\_\_

FILING PERIOD \_\_\_\_\_

AMT. REC'D \_\_\_\_\_

VILLAGE OF JAMESTOWN

**ESTIMATED TAX VOUCHER**

DIV. OF INCOME TAX

CALENDAR YEAR SCHEDULE FOR PAYING ESTIMATED TAX IN INSTALLMENTS

(1) APRIL 15 (2) JUNE 15 (3) SEPT. 15 (4) DEC. 15

FISCAL YEAR TAXPAYERS SUBSTITUTE CORRESPONDING MONTHS.

MAKE CHECKS PAYABLE TO: **VILLAGE OF JAMESTON**  
**P.O. Box 148**  
**Jamestown, Ohio 45335**

PLEASE ENTER SOCIAL SECURITY OR  
FEDERAL I.D. NUMBER IN BOX

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

JIT2100

**TAX YEAR**

**20** \_\_\_\_\_

OR FISCAL YEAR ENDING \_\_\_\_\_

PAYMENT ENCLOSED \$ \_\_\_\_\_

*FOR OFFICE USE*

DATE RECEIVED \_\_\_\_\_

PAYMENT TYPE \_\_\_\_\_

FILING PERIOD \_\_\_\_\_

AMT. REC'D \_\_\_\_\_

