

**INDIVIDUAL - 2022
INCOME TAX RETURN
GEORGETOWN INCOME TX**

Due April 15th or the IRS Due Date

MAKE CHECK OR MONEY ORDER TO:
GEORGETOWN INCOME TAX BUREAU

PO BOX 116
GEORGETOWN OH 45121

Voice 937-378-6395 Ext 1001 Fax 937-378-4505
kathrynn.mcelroy@georgetownohio.gov

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 Georgetown Income Tx tax due before credits (1.000% of line 3) 4

5 Estimated tax payments made to Georgetown Income Tx 5

6 Taxes withheld and paid to Georgetown Income Tx 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 0.000% 15

16 Taxes to be withheld and paid to Georgetown Income Tx 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



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