

INDIVIDUAL - 2023
INCOME TAX RETURN
GEORGETOWN INCOME TX
Due Date 04/15/2024

MAKE CHECK OR MONEY ORDER TO:
GEORGETOWN INCOME TAX BUREAU
PO BOX 116
GEORGETOWN OH 45121
Voice 937-378-6395 x1001 Fax 937-378-4505
incometax@georgetownohio.gov

Taxpayer's Social Security No.
Home Telephone No. Business Telephone No.
Spouse's Social Security No.
Spouse's Name
Home Telephone No. Business Telephone No.

Name
And
Address

Filing Status
Single Married filing joint Married filing separate
RESIDENT NON-RESIDENT
IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES
INTO / /
OUT OF / /
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 Georgetown Income Tx tax due before credits (1.000% of line 3)
5 Estimated tax payments made to Georgetown Income Tx
6 Taxes withheld and paid to Georgetown Income Tx
7 Overpayment from prior year(s)

Credit cannot exceed 100.0% of tax withheld up to 1.00% 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 2024
14 Estimated income
15 Estimated tax due. Multiply line 14 by 1.000%
16 Taxes to be withheld and paid to Georgetown Income Tx
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)

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