

**BUSINESS - 2022
INCOME TAX RETURN
EDON**

Fiscal Period _____ to _____

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

MAKE CHECK OR MONEY ORDER TO:
VILLAGE OF EDON

P O Box 338
Edon OH 43518

Voice 419-272-2152 Ext Fax 419-272-2249

Federal ID# _____

Business Telephone No. _____

Principal Business Activity
NAICS Code _____

IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES

INTO / / OUT OF / /

CHECK ONE

CORPORATION ESTATE

SOLE PROPRIETOR TRUST

PARTNERSHIP FIDUCIARY

S-CORPORATION

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 Edon Taxable income (Line 5 minus Line 6)	7	_____	
8 Edon income tax (Multiply line 7 by 1.750%)	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 10.01			13 _____
14 Penalty	14	_____	
15 Interest	15	_____	
16 Total due (Total line 13, 14 and 15)			16 _____
17 Overpayment (Issued if greater than 10.01)			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 1.750%)			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

The undersigned declares that this return (and accompany schedules) is a true, and correct, and complete return for the taxable period stated and that the figures used here in 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. _____

May VILLAGE OF EDON discuss this return with the preparer shown above ___Yes ___No