

**INDIVIDUAL - 2023  
INCOME TAX RETURN  
SHERWOOD**

**Due Date 04/15/2024**

**MAKE SURE TO INCLUDE ALL W2'S,  
FEDERAL 1040, 1099'S AND ANY  
SCHEDULES FILED.**

**MAKE CHECK OR MONEY ORDER TO:**  
VILLAGE OF HICKSVILLE/SHERWOOD

111 S. Main St  
Hicksville OH 43526

Voice 419-542-8621 Ext      Fax 419-542-2018  
hixtax@defnet.com

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 \_\_\_\_\_

<b>Filing Status</b>		<b>IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES</b>	
<input type="checkbox"/> Single	<input type="checkbox"/> RESIDENT	INTO	/ /
<input type="checkbox"/> Married filing joint	<input type="checkbox"/> NON-RESIDENT	OUT OF	/ /
<input type="checkbox"/> Married filing separate			
IF YOU RENT, PLEASE GIVE LANDLORDS INFORMATION			
NAME _____			
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 Sherwood tax due before credits (1.000% of line 3) 4

5 Estimated tax payments made to Sherwood 5

6 Taxes withheld and paid to Sherwood 6

7 Overpayment from prior year(s) 7

8 Taxes withheld and paid to other localities 8

    Per work location - credit cannot exceed the lesser of tax withheld or 1% of income earned.

9 Total credits (add lines 5 through 8) 9

**Refund** ( Issued if greater than 10.01 )

10 If line 9 is greater than line 4, subtract line 4 from line 9. This is the amount you overpaid 10

11 Amount of line 10 to be credited to next years estimate 11

12 Amount of line 10 to be refunded 12

**Tax Due** ( if greater than 10.01 )

13 If line 4 is more than line 9, subtract line 9 from 4, this is the tax amount you owe 13

14 Penalties and interest    **Late File** \_\_\_\_\_    **Late Pay** \_\_\_\_\_    **Late Estimate** \_\_\_\_\_    **Interest** \_\_\_\_\_ 14

**Declaration of Estimate For 2024**

15 Estimated income 15

16 Estimated tax due. Multiply line 15 by 1.000% 16

17 Taxes to be withheld and paid to Sherwood and other localities 17

18 Prior credit applied to estimated tax payments (From line 11) 18

19 Net estimated tax due (subtract line 17 and 18 from 16) 19

20 Minimum amount due for first quarter (multiply line 19 by .25) 20

**Amount You Owe**

21 Total amount due (add lines 13, 14 and 20) 21

**Tax Office Use Only : Tax Office Use Only : Tax Office Use Only**

Filing instructions can be found on our website-  
[www.villageofhicksville.com](http://www.villageofhicksville.com)

**Taxpayer's Signature** \_\_\_\_\_ Date \_\_\_\_\_

**Spouse's Signature** \_\_\_\_\_ Date \_\_\_\_\_

Tax Preparer's Signature \_\_\_\_\_ Date \_\_\_\_\_

(If other than taxpayer) Phone No. \_\_\_\_\_

May VILLAGE OF SHERWOOD discuss this return with the preparer shown above    \_\_\_ Yes    \_\_\_ No

**STARTING IN FILING YEAR 2016- YOU MUST INCLUDE YOUR FEDERAL 1040 & ALL W2'S WITH THIS RETURN. TO BE COMPLETED IF YOU HAVE MUNICIPAL TAXABLE INCOME OTHER THAN WAGES (LINE 2 - FRONT PAGE)**

PROFIT FROM ANY BUSINESS OWNED (ATTACH COPY OF FEDERAL SCHEDULE C).	\$
RENTAL INCOME (ATTACH COPY OF FEDERAL SCHEDULE E)	\$
OTHER INCOME (ATTACH COPY OF APPROPRIATE FEDERAL SCHEDULES)	\$
<b>TOTAL OTHER INCOME (carry to front page Line 2)</b>	<b>\$</b>

**INSTRUCTIONS**

**FOR COMPLETION OF LINES 1 - 14**

- A. Attach copies of all W-2s that are included in Line 1 – Wages, salaries, tips, etc.
- B. **No Credit is given for School Income Tax. Do not include them in Line 8. We only give credit up to 1% for Ohio municipalities.**
- C. Overpayment will be applied to next year's Declaration unless a request for a refund is indicated.
- D. No payment is necessary if tax due is \$10.00 or less and No refund is given if \$10.00 or less.

**INSTRUCTIONS**

**FOR COMPLETION OF LINES 15 - 20  
DECLARATION OF ESTIMATED INCOME**

- A. LINE 15 - Indicate the amount you expect to make in the coming year. You are no longer required to set up a declaration of estimated income if \$200.00 or less (income \$20,000.00 or less)
- B. LINE 17 – Indicate the amount of tax withheld by your employer for any Ohio city or village up to the maximum of 1%. **(School Income Tax. Do not include them on line 17.)**
- C. You may pay the entire amount declared (line 19).
- D. **Your first estimate payment is due when you file your return.**

**NOTE: UNLESS SIGNED THIS FORM IS NOT CONSIDERED FILED!**