FORM FR 1495

INCOME TAX RETURN MAKE CHECK OR MONEY ORDER TO: VILLAGE OF HICKSVILLE/SHERWOOD Federal ID# SHERWOOD 111 S. Main St Fiscal Period _ BusinessTelephone No. Hicksville OH 43526 Principal Business Activity NAICS Code MAKE SURE TO INCLUDE COPIES OF ALL Voice 419-542-8621 Ext Fax 419-542-2018 IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES FEDERAL SCHEDULES FILED hixtax@defnet.com OUT OF INTO Name CHECK ONE CORPORATION ESTATE And SOLE PROPRIETOR ☐ TRUST PARTNERSHIP FIDUCIARY Address ☐ S-CORPORATION OTHER 1 Total taxable income 2 Adjustments (See Schedule X) 3 Taxable income before allocation (Line 1 plus/minus lines 2) 4 Allocation percentage (See Schedule Y) 5 Adjusted Net Income (Multiply line 3 by line 4) 6 Allocable Net Loss Carry Forward 7 Sherwood Taxable income (Line 5 minus Line 6) 8 Sherwood income tax (Multiply line 7 by 1.000%) 9 Credits applied from previous year(s) to this year's liability 10 Estimates paid on this year's liability 11 Other credits 12 Total credits (Total line 9, 10 and 11) 13 Tax due (If line 8 is greater than line 12, subtract line 12 from line 8) If greater than 10.01 14 Penalty 15 Interest 16 Total due (Total line 13, 14 and 15) 17 Overpayment (Issued if greater than 10.01) 18 Amount to be refunded 19 Amount to be credited to next year **Declaration of Estimate For 2026** 20 Total estimated income subject to tax 21 Estimated tax due. (Multiply line 20 by 0.000%) 22 Less credits (from 19 above) 23 Net estimated tax due (subtract line 22 from line 21) 24 Minimum amount due for first quarter (Multiply line 23 by 25%) Amount You Owe 25 Total amount due (add lines 16 and 24) Tax Office Use Only: Tax Office Use Only: Tax Office Use Only Filing instructions can be found on our website-www.villageofhicksville.com TaxPayer'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

BUSINESS - 2025