

**CITY OF DELPHOS, OHIO
INCOME TAX RETURN**

Reset Form

Acct. #

Form R

**File with:
Delphos Income Tax Department
608 North Canal Street
Delphos, Ohio 45833**

NOTE: Before remitting, be sure all supplemental documents (W-2, SCH C, SCH E, K-1, 1099 MISC, etc.) are attached to your return. **RETURNS WILL NOT BE PROCESSED IF THE SUPPORTING DOCUMENTATION IS MISSING.**

for Calendar Tax Year

20

or

Fiscal Tax Year - for Businesses

from: to:

Your Soc. Sec. #: _____
Spouse Soc. Sec. #: _____
Business Fed. ID #: _____

CURRENT NAME AND ADDRESS:

Your Name _____
Spouse Name _____
Address Line-1 _____
Address Line-2 _____
City, State, Zip _____

For CALENDAR Year Filings:

April 15th

or

For FISCAL Year Filings: 3 1/2 months
after the end of the above fiscal
year period

DID YOU MOVE DURING THE YEAR?

I moved into Delphos I moved out of Delphos
PREVIOUS ADDRESS or NEW Forwarding Address

DATE OF MOVE: _____

If you rent, please provide the name & Address of your Landlord

Landlord Name _____
Address Line 1 _____
Address Line 2 _____
City, State, Zip _____

I am not required to complete this tax return because:

SECTION A: W-2 WAGES & BUSINESS INCOME No. of Different Employers / No. of W-2s Attached:

Employer's Name	Taxes Paid to Other City	Delphos Tax Withheld	Delphos Gross Wages	All other Gross Wages

- 1) Total Medicare Wages (box 5 of W2) or Local Wages (box 18 of W2) use larger number (Attach Federal 1040 pg 1 & all W2) 1) _____
 - 2) Other Taxable Income: From Federal Schedule C, E, F, K-1, 1099 Misc, 1099 NEC, 1099 K (Attach all schedules with this form.) 2) _____
 - 3) Total Taxable Income: Add lines 1, & 2 3) _____
 - 4) Municipal Tax: Multiply Line 3 by City of Delphos Tax Rate of 1.75% 4) _____
 - 5) Credits: (Delphos City School District taxes are NOT credits- they may appear as 0204 SD)
 - 5a. Delphos City tax withheld by Employer (see box 19 of W2) 5a. _____
 - 5b. Estimated Tax Paid (Quarterly payments made by you) 5b. _____
 - 5c. Other City credit tax withheld by Employer- at .75% 5c. _____
 - 5d. Credit Carry Over from previous year return (if over \$10.00) 5d. _____
 - 6) Tax Due: Line 4 minus Line 5 (Payment of Balance must accompany this Return.) 6) _____
 - 7) Late Filing Fee (\$25.00 per month after April 18th, Up to \$150.00 Max) 7) _____
 - 8) Total Tax and Fees due: Add Line 6 and 7 8) _____
- 9a. Overpayment Refunded \$ _____ or b. Credited to 2023 \$ _____

Total Amount Due on Or Before April 15, 2024 \$ _____ (Line 8)

Total Amount Due/Refund

The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated and that the figures used herein are the same as used for Federal Income Tax purposes. (All appropriate Forms and Schedules MUST be attached with this Return to be deemed "FILED" by the City of Delphos)

Signature of Taxpayer _____ Date _____ Signature of Preparer _____
Signature of Spouse _____ Date _____ Date _____
Taxpayer Phone Number _____

Do you authorize your Preparer to contact us regarding this Return? (Please check box and initial) Yes No Initial

Fill-in form on your computer and save to your computer for your files. Print, sign and return the form to the above address by mail or in person.

This form cannot be filed electronically.