

**INCOME TAX DIVISION**

201 W Indiana Avenue | Perrysburg, OH 43551 | Office 419 872 8035 | Fax 419 872 8037 | itax@ci.perrysburg.oh.us

**If you need assistance determining your City of Perrysburg tax liability, the following documents are REQUIRED:**

1. PERRYSBURG TAX FORM: with upper portion of tax form completed.
2. W-2 FORMS: include copies showing Medicare wages (box 5) and Local wages and withholding (boxes 18-20).
3. COMPLETED IRS FORM 1040 AND SCHEDULE 1 (if required to file with the IRS)
4. ADDITIONAL DOCUMENTS: such as paystubs showing year-to-date wages as of move-in or move-out date to assist in calculating taxable income as a part-year resident or any other specific instructions.

Mail documents to:  
**PERRYSBURG INCOME TAX DIVISION**  
 201 W INDIANA AVE  
 PERRYSBURG OH 43551

-OR-  
 Hand-deliver documents to the secure drop slot located in the atrium area of the Municipal Building available 24-hours/day.

**Income Tax Form I**  
**City of Perrysburg**  
 201 W. Indiana Avenue, Perrysburg, OH 43551  
 Phone: 419 872 8035 Fax: 419 872 8037  
 Email: itax@ci.perrysburg.oh.us www.ci.perrysburg.oh.us

**2021**  (file) have requested an extension of time to file for this year with the IRS. (Please include copy of extension request with filing)

City of Perrysburg  
 201 W. Indiana Avenue, Perrysburg, OH 43551  
 Phone: 419 872 8035 Fax: 419 872 8037  
 Email: itax@ci.perrysburg.oh.us www.ci.perrysburg.oh.us

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY, STATE, ZIP: \_\_\_\_\_  
 Type of filing:  
 Resident full year  
 Resident part year  
 Non-resident with rental or other income  
 Other

Taxpayer's Social Security Number \_\_\_\_\_  
 Spouse's Social Security Number (if joint filing) \_\_\_\_\_  
 Taxpayer's phone number \_\_\_\_\_  
 If you changed address during the tax year, please indicate move dates  
 NTO Perrysburg \_\_\_\_\_ OUT OF Perrysburg \_\_\_\_\_  
 Previous address \_\_\_\_\_  
 Current address \_\_\_\_\_

1. Wages, salaries, tips, etc. - complete wage worksheet and enter total taxable wages  
 2. Other taxable income - complete other income worksheet and enter total income  
 3. Total taxable income - add lines 1 and 2  
 4. Perrysburg tax before credits - multiply line 3 by 1.55%  
 5. Perrysburg municipal tax withheld by employer (from wage worksheet)  
 6. Credit allowed for taxes withheld by employer on wages included in line 1 (see instructions and wage worksheet CR)  
 7. Tax paid directly to another municipality or income reported on line 2 or wages not withheld by employer  
 8. Perrysburg tax paid by Pass-Through Entity on income reported on line 2a or NRE assignment assigned directly to Perrysburg  
 9. Withholding credits - add lines 5 through 8  
 10. Net tax liability - subtract line 9 from line 4  
 11. Estimated tax payments made to Perrysburg Tax Division towards this year's tax liability  
 12. Credit carried over from previous year's filing  
 13. Refund assigned with tax withholding from another municipality to Perrysburg (attach copy of refund request)  
 14. Payment submitted with Extension or previous filing  
 15. Total credits - add lines 11 through 14  
 16. Balance of tax due. Subtract line 15 from line 10. If positive, this is the amount you owe.  
 17. Overpayment. If line 16 is negative, this is the amount you have overpaid.  
 Specify how you wish to utilize your credit (amounts less than \$10.00 will not be refunded or carried forward).  
 Credit to next year: \_\_\_\_\_ Refund: \_\_\_\_\_

**ASSEMBLE YOUR FILING** (see return assembly guide)  
 Mail assembled filing to:  
 PERRYSBURG INCOME TAX DIVISION  
 201 W INDIANA AVE  
 PERRYSBURG OH 43551  
 OR  
 Hand deposit in our 24 hour drop box (located in the atrium entrance to the Municipal Building).  
 The undersigned declares that this return (and accompanying schedules) is a true, correct, and complete return for the taxable period stated. Check box next to your signature to authorize us to speak directly to your preparer regarding your return.  
 I hereby authorize \_\_\_\_\_  
 Signature of preparer (must be a joint return or the preparer signing to assemble) Date \_\_\_\_\_  
 Signature of other preparer (must be a joint return) Date \_\_\_\_\_  
 Preparer name and address \_\_\_\_\_  
 Preparer's tax preparation number \_\_\_\_\_  
 Page 2

**2222** a Employer's social security number  
 OMB No. 1545-0048

b Employer identification number (EIN)  
 c Employer's name, address, and ZIP code  
 d Control number  
 e Employer's first name and initial Last name Suffix  
 f Employer's address and ZIP code  
 15 State Employer's state ID number  
 16 State wages, tips, etc.  
 17 State income tax  
 18 Local wages, tips, etc.  
 19 Local income tax  
 20 Locally name

1 Wages, tips, other compensation  
 2 Federal income tax withheld  
 3 Social security wages  
 4 Social security tax withheld  
 5 Medicare wages and tips  
 6 Medicare tax withheld  
 7 Social security tips  
 8 Allocated tips  
 9  
 10 Dependent care benefits  
 11 Nonqualified plans  
 12a  
 12b  
 12c  
 12d  
 13  
 14 Other  
 15a  
 15b  
 15c  
 15d

**W-2 Wage and Tax Statement**  
 Form 1099-1  
 Copy 1 - For State, City, or Local Tax Department  
 2021  
 Department of the Treasury - Internal Revenue Service

**1040** U.S. Individual Income Tax Return  
 2021  
 Check box 1040-SS or 1040-SE to see what to report on this return.  
 Filing Status:  Single  Married filing jointly  Married filing separately (MFS)  Head of household (HOH)  Qualifying widow(er)  
 Check box 1040-SS or 1040-SE to see what to report on this return.  
 If joint return, use the name of your spouse. If MFS, use the name of your spouse. If HOH or HOH, enter the child's name if the qualifying child is a child for whom you are dependent.  
 Your tax year and middle initial Last name Your social security number  
 Home address (apart from care and middle initial) Last name  
 Home address (apart from care and middle initial) Last name  
 City, town, or post office, if you have a foreign address, also complete spaces below. State ZIP code  
 Foreign country name Foreign postal code  
 At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?  Yes  No  
 Standard Deduction:  You are a dependent  Your spouse is a dependent  
 Definition:  Special instruction on a separate sheet or you receive a final election date  
 Dependents (see instructions) If none, leave blank. Last name Social security number Relationship to you Check box to enter dependent information  
 Attach: 1 Wages, salaries, tips, etc. (Attach Form(s) W-2  Taxable interest  2a Tax-exempt interest  2b Qualified dividends  2c Ordinary dividends  2d Dividends from REMIT  2e Pensions and annuities  2f Taxable amount  2g Social security benefits  2h  
 Required: 3 Capital gain or loss (Attach Schedule D if required. If not required, check box  4 Other income from Schedule 1, line 20  5 Add lines 1, 2b, 2c, 2d, 2e, 2f, and 2g. This is your total income  6 Adjustments to income from Schedule 1, line 20  7 Subtract line 5 from line 6. This is your adjusted gross income  8 Qualified business income deduction from Schedule 1  9 Add lines 7 and 8  10 Qualified business income deduction from Form 8885 or Form 8885-A  11 Add lines 9 and 10  12 Standard deduction or itemized deductions from Schedule 1  13 Qualified business income deduction from Schedule 1  14 Add lines 11 and 12  15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-

**SCHEDULE 1**  
 Additional Income and Adjustments to Income  
 Form 1040-SS or 1040-SE  
 2021  
 Attach to Form 1040, 1040-SS, or 1040-SE.  
 Name shown on Form 1040, 1040-SS, or 1040-SE  
 Your social security number

Part 1 Additional Income  
 1a Taxable interest, credits, or offsets of state and local income taxes  1  
 2a Amount received  2a  
 b Date of original divorce or separation agreement (see instructions)  3  
 4 Other gains or losses (Attach Form 4797)  4  
 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (Attach Schedule E)  5  
 6 Farm income or loss (Attach Schedule F)  6  
 7 Unemployment compensation  7  
 8 Other income:  
 a Net operating loss  8a  
 b Gambling income  8b  
 c Cancellation of debt  8c  
 d Foreign earned income exclusion from Form 2555  8d  
 e Taxable Health Savings Account distribution  8e  
 f Alaska Permanent Fund dividends  8f  
 g Jury duty pay  8g  
 h Prizes and awards  8h  
 i Activity not engaged in for profit income  8i  
 j Stock options  8j  
 k Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property  8k  
 l Olympic and Paralympic medals and USOC prize money (see instructions)  8l  
 m Section 951(a) inclusion (see instructions)  8m  
 n Section 951(A) inclusion (see instructions)  8n  
 o Section 661(b) excess business loss adjustment  8o  
 p Taxable distributions from an ABLE account (see instructions)  8p  
 q Other income. List type and amount  8q  
 9 Total other income. Add lines 1a through 8q  9  
 10 Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SS, or 1040-SE  10

# Income Tax Form I Individuals

Due on or before April 18, 2022

## City of Perrysburg

201 W. Indiana Avenue, Perrysburg, OH 43551

Phone: 419.872.8035

Fax: 419.872.8037

Email [itax@ci.perrysburg.oh.us](mailto:itax@ci.perrysburg.oh.us)

[www.ci.perrysburg.oh.us](http://www.ci.perrysburg.oh.us)

# 2021

I (we) have requested an extension of time to file for this year with the IRS.  
(please include copy of extension request with filing)

FILE# \_\_\_\_\_  
NAME(S) \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_

Taxpayer's Social Security Number \_\_\_\_\_

Spouse's Social Security Number \_\_\_\_\_  
(If joint filing)

Taxpayer's phone number \_\_\_\_\_

Type of filing:

- Resident full year.  
 Resident part year.  
 Non-resident with rental or other income.  
 Other: \_\_\_\_\_

If you changed address during the tax year, please indicate move dates

INTO Perrysburg \_\_\_\_\_ OUT OF Perrysburg \_\_\_\_\_

Previous address \_\_\_\_\_

Current address \_\_\_\_\_

1. Wages, salaries, tips, etc. – [complete wage worksheet \(page 3\)](#). 1.   
2. Other taxable income – [complete other income worksheet \(page 4\)](#). 2.  C/F Loss   
3. Total taxable income - add lines 1 and 2. 3.

4. Perrysburg tax before credits – multiply line 3 by 1.50%. 4.   
5. Perrysburg municipal tax withheld by employer from wage worksheet (page 3). 5.   
6. Credit allowed for taxes withheld by employer from wage worksheet (page 3). 6.   
7. Credit for tax paid on other income or additional tax paid on wages from other income worksheet (page 4). 7.

Note that in no case may credits on line 6 added to credits on line 7 exceed 50% of tax shown on line 4.

8. Perrysburg tax paid by Pass-through Entity on income reported on line 2. 8.   
9. Withholding credits – add lines 5 through 8. 9.   
10. Net tax liability – subtract line 9 from line 4. 10.

Note that if line 10 is greater than \$200.00 you may need to submit quarterly tax estimates in 2022 to avoid penalty and interest. Minimum payment may be calculated by dividing the amount on line 10 (or 90% of the current year net tax liability) by 4.

11. Estimated tax payments made to Perrysburg Tax Division towards this years tax liability. 11.   
12. Credit carried over from previous year tax filing. 12.   
13. Refund assignment of tax withholding from another municipality to Perrysburg (attach copy of refund request). 13.   
14. Payment submitted with Extension or previous filing. 14.   
15. Total credits – add lines 11 through 14. 15.

16. Balance of tax due. Subtract line 15 from line 10. If positive, this is the amount you owe. 16.

Make payment to: City of Perrysburg Income Tax Commissioner (amounts less than \$10.00 will not be billed).

Electronic payments :[www.officialpayments.com](http://www.officialpayments.com) and by telephone at 1(800)272-9829 (using jurisdiction code 4547).

17. **Overpayment.** If Line 16 is negative, this is the amount you have overpaid.

Specify how you wish to utilize your credit (amounts less than \$10.00 will not be refunded or carried forward).

Credit to next year:  Refund:

Penalty \_\_\_\_\_  
Interest \_\_\_\_\_  
Balance due \_\_\_\_\_

OFFICE USE ONLY

### ASSEMBLE YOUR FILING (see return assembly guide).

Mail **assembled** filing to:

-OR-

PERRYSBURG INCOME TAX DIVISION  
201 W INDIANA AVE  
PERRYSBURG OH 43551

Hand deposit in our 24 hour drop  
box (located in the atrium entrance  
to the Municipal Building).

- Late filing penalty of \$25.00 is charged per month (maximum penalty of \$150.00). Any anticipated tax due must be paid by April 18, 2022.
  - Late payment penalty of 15% is charged on any unpaid income tax (including each quarter's unpaid or underpaid estimated tax).
  - Interest of 0.42% per month is charged on 2021 past due tax amounts.

The undersigned declares that this return (and accompanying schedules) is a true, correct, and complete return for the taxable period stated. Check box next to your signature to authorize us to speak directly to your preparer regarding your return.

\_\_\_\_\_  
Taxpayer signature Date

\_\_\_\_\_  
Signature of person preparing return other than taxpayer

\_\_\_\_\_  
Signature of taxpayer's spouse if this is a joint return or title of person signing for a business Date

\_\_\_\_\_  
Preparer's name and address

\_\_\_\_\_  
Preparer's telephone number