

**VILLAGE OF HOPEDALE  
MUNICIPAL INCOME TAX RETURN**  
 Tax Year \_\_\_\_\_ Fiscal Year \_\_\_\_\_  
 File with the Income Tax Department PO Box 476 Hopedale, OH 43976

Name \_\_\_\_\_ SSN/Fed Tax ID No. \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ Date moved into Village \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_ Date moved out of Village \_\_\_\_\_

Amounts under \$1.00 are not collected

1. **Municipal Taxable Income-See Instructions.....1.** \_\_\_\_\_  
 Municipal income tax is levied on gross wages before deductions  
*See Block 5 (Medicare) on W-2 form(s)*
2. **Municipal Income Tax-1% of Line 1.....2.** \_\_\_\_\_
3. **Credits**
  - (a) **Municipal Income Tax Withheld From Wages for Hopedale** a. \_\_\_\_\_
  - (b) **Payments on Declaration of Estimated Tax.....** b. \_\_\_\_\_
  - (c) **Local Tax Paid to other Municipalities (maximum 1% credit)** c. \_\_\_\_\_
  - (d) **Income Tax Paid by Partnerships On Your Behalf.....** d. \_\_\_\_\_
  - (e) **Amount of Prior Year Credits.....** e. \_\_\_\_\_
  - (f) **TOTAL CREDITS.....3.** \_\_\_\_\_
4. **Balance Due and Enclosed Herewith (Line 2 Less 3).....4.** \_\_\_\_\_
5. **Overpayment Claimed (If Line 3 Exceeds Line 2).....5.** \_\_\_\_\_
6. **Amount of Line 5 to Be Applied to Next Year.....6.** \_\_\_\_\_
7. **Amount of Line 5 to Be Refunded.....7.** \_\_\_\_\_

Refund requests from persons under 18 years of age must be accompanied by a copy of their birth certificate.

Make Check or Money Order Payable to Village of Hopedale, Ohio  
 Mail to Village of Hopedale Income Tax Department, PO Box 476, Hopedale, OH 43976

**I HAVE EXAMINED THIS RETURN AND TO THE BEST OF MY KNOWLEDGE IT IS CORRECT.  
 I HAVE ATTACHED COPIES OF W-2(s) AND OR ANY OTHER REQUIRED FEDERAL TAX FORMS.**

\_\_\_\_\_  
 Signature of Taxpayer or Agent (Required)

\_\_\_\_\_  
 Signature of Tax Preparer  
 (If other than taxpayer)

\_\_\_\_\_  
 Signature of Spouse, If Joint Return

\_\_\_\_\_  
 Title if Signing For a Business

\_\_\_\_\_  
 Preparer's Address