

Division of Taxation

Taxpayers filing Under SSN

City of Coshocton

Individual/ Joint Income Tax Return 2024

Due on or before April 15, 2025 DROP BOX AVAILABLE 8TH STREET PARKING LOT 760 Chestnut Street Coshocton, Ohio 43812 Phone 740-622-9515 Fax 740-622-9374 Jackie.cushman@cityofcoshocton.com Website www.cityofcoshocton.com

NAME					
SPOUSE				Taxpayer SSN#	
ADDRESS				Spouse SSN# _	
CITY/STATE/ZI	Р			Phone #	
			Email Addre	ess	
		Statu	IS		
Resident Withheld _	_Non Resident Tax Withheld Retired No Taxable Income _	_ Part Year Resident \$5000 or under and	_ Date Moved In tax was withheld	Date Moved Out Under 18 years old	Non Resident Tax Not l Exempt
2. Less Non-taxab	Wages (W-2 Box 5 or Box 18 which le Income (Part year or non-reside d Wages (Line 2 minus Line 1) 4. Other I	nts only) (provide calcula	tions)		
a)	Schedule C				
b)	Schedule E				
c)	All other Non-Wage Income				
 Total Taxable Ir Tax Due (Multi a. City of Cosho b. Estimated Ta c. Other City Ta Total Tax Paid, 10.Net Tax Due 	come or Loss (Line 4a, 4b, 4c) noome (Line 3 plus Line 5) Losses of ply Line 6 by 2%) octon Tax Withheld (Per W-2's) ax Payments Paid (Including credit axes Paid (Allowed up to 1% credit and Credits (Line 8a, 8b, 8c) (Subtract Line 9 from Line 7)	t from previous year)) (Amount \$10.00 or le	a. \$ b. \$ c. \$ ss not payable)		
11. Overpayment –	- Credit to 2021 I			undable)	
 13. Tax Declared (14. Declaration D 15. Less Credits (d Income Subject to Tax (Employ (Multiply Line 12 by 2%) Oue (25% of Line 13) From Line 11 above) d Tax Due (Line 15 minus Line 14) alty 25.00			13 . \$_ 14. \$_ 15. \$_	
18. Interest rate 10% per annum (.833 per month)					
19. Late pay pena	llty (15% of the amount not timely	paid)	19. \$		
20. I would like t	to donate toward Coshocton City S	ervices			_
21. TOTAL AMO	OUNT DUE (add lines 10,16,17	,18 ,19) (minus line 20)	2	1. \$
There is also a I certify that I h belief it is true, a If return v	c check payable to: Coshoc a drop box outside in the 8 ave examined this return incl correct and complete. was prepared by a Tax Preparer, ch the preparation of this return.	th St. parking lot for uding accompanying s	r your conveniend schedules and staten	ce as well as a d nents and to the b	rop box in the lobby
	SIGNATURE OF PREPARER		DATE		
	SIGNATURE OF TAXPAYER		DATE		