

FORM FR FILE WITH
INCOME TAX DEPT
130 S MAIN ST
KIRBY, OH 43330
ON OR BEFORE APR 15,
OR WITHIN 4 MONTHS OF
FISCAL YEAR END

Year _____ KIRBY INCOME TAX RETURN
FOR YEAR JAN 1 THRU DEC 31, _____
OR FISCAL YEAR _____ TO _____
FILING REQUIRED EVEN IF NO TAX IS DUE

TAX OFFICE USE ONLY	
TAX DUE	
INTEREST	
PENALTY	
TOTAL	
PAID W/R	
BAL DUE	

NOTE 1. CORPORATION ENTER TAX INCOME BEFORE SPECIAL DEDUCTIONS PER FORM 1120; PARTNERSHIPS ENTER INCOME PER FORM 1065; FIDUCIARY ENTER TAXABLE INCOME PER FORM 1041
NOTE 2. BUSINESS OR PROFESSIONAL TAXPAYERS MUST COMPLETE PAGE 2 OR ATTACH COPY OF FEDERAL RETURN OR SCHEDULES. IF LINE 5 IS USED SCHEDULE Y MUST BE COMPLETED
RESIDENCY STATUS CHECK ONE
RESIDENT NON RESIDENT
PARTIAL-YEAR RESIDENT FROM _____ TO _____

NAME AND ADDRESS ABOVE (CORRECT IF NECESSARY)
SOC SECURITY NO. TAXPAYER _____
SOC SECURITY NO. SPOUSE _____
FED. I.D. NO. OR E.I.N. _____

ENTER GROSS WAGES, SALARIES, BONUSES, COMMISSIONS AND OTHER COMPENSATION RECEIVED BEFORE PAYROLL DEDUCTIONS. ATTACH COPIES OF W-2 FORMS ON BACK

	KIRBY INCOME TAX WITHHELD	GROSS WAGES
\$	\$	\$
\$	\$	\$
\$	\$	\$
TOTALS: ENTER TOTAL WAGES HERE AND ON LINE 6	\$	\$

1.	OTHER INCOME FROM PAGE 2 SCHEDULES	1.	\$
2.	ITEMS NOT DEDUCTIBLE FROM LINE M SCHEDULE X PAGE 2	2.	\$
3.	ITEMS NOT TAXABLE FROM LINE Z SCHEDULE X PAGE 2	3.	\$
4.	ADJUSTED NET INCOME LINE 1 PLUS LINE 2, MINUS LINE 3	4.	\$
5.	AMOUNT ALLOCABLE TO KIRBY IF SCHEDULE Y, PAGE 2 IS USED		
	<input type="checkbox"/> % OF LINE 4	5.	\$
6.	TOTAL INCOME FROM GROSS WAGES	6.	\$
7.	AMOUNT SUBJECT TO KIRBY INCOME TAX LINE 4 OR 5 PLUS 6 DO NOT DEDUCT LOSS FROM GROSS WAGES	7.	\$
8.	KIRBY INCOME TAX 1% OR .01 OF AMOUNT SHOWN ON LINE 7	8.	\$
9.	CREDITS (A) KIRBY INCOME TAX WITHHELD BY EMPLOYERS 9a		
	(B) EARNED INCOME TAXES PAID TO OTHER CITIES 9b		
	SUBMIT W-2 (BY INDIVIDUALS ONLY) (LIMIT 1%) (9x) TOTAL CREDITS ALLOWABLE	9x.	
10.	BALANCE OF TAX DUE LINE 8 LESS LINE 9x PAYMENT MUST ACCOMPANY THIS FORM	10.	
11.	OVERPAYMENT CLAIMED IF LINE 9X EXCEEDS LINE 8 ENTER DIFFERENCE HERE ENTER AMOUNT OF LINE 11 IF YOU WANT CREDITED _____ REFUNDED _____		

THE UNDERSIGNED DECLARES THAT THIS RETURN (AND ACCOMPANYING SCHEDULES) IS A TRUE AND COMPLETE RETURN FOR THE TAXABLE PERIOD STATED AND THAT THE FIGURES USED HEREIN ARE THE SAME USED FOR FEDERAL PURPOSES.

x _____ SIGNATURE OF TAXPAYER	x _____ DATE	x _____ SIGNATURE OF PERSON PREPARING RETURN IF OTHER THAN TAXPAYER	x _____ DATE
x _____ TITLE		x _____ ADDRESS OR NAME AND ADDRESS OF FIRM OR EMPLOYER	

MAIL ORIGINAL TO:
VILLAGE OF KIRBY TAX DEPARTMENT
130 S. MAIN ST., BOX 63, KIRBY, OH 43330