DOME ON USE OF ALL TEXPERIORS SUBJECT TO DELTA INCOME TAX. The like return with PAYMARTY to the Village of Delta, Division of Testanion, 20 Min Steer, Lotte, John Sales, S. For questions, call (419)922-3190 x 102. Forms are due by April 15, 2023 or within 4 months from the close of a fiscal year. **Print your Name & Address:** **Your Soc. Sec. No.** **Your Spouse's Soc. Sec. No.** **Your S	2024	VILLAGE OF DELTA INCOME TAX	OFFICE USE ONLY								
and help in the property of th				this return w	ith PAYMENT to	o the Village	FINAL RETU	RN. Explain			
AM NOT REQUIRED TO COMPLETE THIS RETURN BECAUSE (REASE CRECK, SIGN & REMIT FORM) ONLY NONTHANABLE INCOME ONLY NONTHANABLE INCOME PERMANENT DISABILITY NO INCOME 1. PERMANENT DISABILITY 1. PERMANENT DISABILITY NO INCOME 1. PERMANENT DISABILITY 1. PERMANENT DISABILI	of Delta, Di	vision of Taxation, 401 Main Street,									
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PERMANENT DISABILITY NO INCOME 1. Tipe Tyour (Poli BVB) juying wages, sagares, punuses, income payment, or any opie compensageou per compensageou per permanent or any opie compensageou per compensageou per permanent or any opie compensageou per compensageou per permanent or any opie compensageou per compensag					,			-			
NO INCOME Phone ##		UNEMPLOYMENT BENEFITS		RETIRED			Previous Address				
Time Power	П	PERMANENT DISABILITY	1.1	ACTIVE DUT	Y MILITARY		Present Address				
through December 31, 2024 from each employer or source. Include sick leave paid by employer, and all forms of Deferred Compensation. Do NOT include Unemployment Compensation. Autrach W-2s, PAGES 1 AND 2 OF 1040 AND FED SCH 1 Individual Taxpayers A. Names of Employers B. City Where Employed Not to exceed 1% per W-2 D. Delta Tax Withheld Before Deductions W. 2 COPIES MUST BE ATTACHED Totals 1.5. 2. Other Income (loss) from schedules C.E.F.K-1, 1099 Misc, W2G	- Frier von		nuses moon we navmen	or any owe	romnensavor			renze v irom aniiativ v			
Individual Taxpayers A. Names of Employers B. City Where Employed C. Tax Withheld in Other City Not to exceed 1% per W-2 D. Delta Tax Withheld Before Deductions	through Dec	cember 31, 2024 from each employe	r or source. Include sick le	eave paid by	employer, and	all forms of D	eferred Compensation. Do	NOT include			
Individual Taxopyers A. Names of Employers B. City Where Employed Not to exceed 1% per W-2 D. Delta Tax Withheld Before Deductions W.3 COPIES MUST RE MINER TO THE PROPERTY OF THE PROPERTY O											
Taxpayers A. Names of Employers B. City Where Employed Not to exceed 1% per W-2 D. Delta Tax Withheld Defore Deductions					C. Tax Withhe	eld In Other					
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MUST BE ATTACHED Totals 2. Other Income (loss) from schedules C,E,F,K-1, 1099 Misc, W2G (raxpayers	A. Names of Employers	B. City where Employed		Not to exceed	1% per w-2	D. Delta Tax Withheld	Before Deductions			
MUST BE ATTACHED Totals 2. Other Income (loss) from schedules C,E,F,K-1, 1099 Misc, W2G (
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Totals 1. S 2. Other Income (loss) from schedules C,E,F,K-1, 1099 Misc, W2G (
2. Other Income (loss) from schedules C,E,F,K-1, 1099 Misc, W2G	ATTACHED										
3. \$\$ 4. ADJUSTMENTS: A. Less allocable Delta net loss from previous years (limited 5 years) 4. \$\$ 5. TOTAL ADJUSTED TAXABLE INCOME SUBJECT TO DELTA INCOME TAX 5. \$\$ 6. Delta Income Tax 1.5% of line 5 6. \$\$ 7. CREDITS: (a) Taxes Withheld in Other cities (total col. 1C) { Not to exceed 1%} \$\$ (b) Tax Withheld in Delta (Total Col. 1D) 6. Payments to Delta on Estimates 6. \$\$ (d) Overpayments to Delta on Estimates 6. \$\$ (e) TOTAL CREDITS (Add Lines 7a, b, c, d) 7. \$\$ 8. (a) TAX DUE (Line 6 Less Line 7e) (NO AMT DUE LESS THAN \$10.01) (b) Overpayment Claimed (if Line 7e exceeds Line 6 enter difference here) (c) Enter Amount of Line 8b you want Credited to your 2025 Estimated Tax (Not Less than \$10.01) 5 (d) Amount to be refunded (Line 8b Less Line 8d) NO REFUND LESS THAN \$10.01) 5 (d) Amount to be refunded (Line 8b Less Line 8d) NO REFUND LESS THAN \$10.01) 5 (D) Overpayment Claimed (Fit line 7e exceeds Line 6 enter difference here) (e) Enter Amount of Line 8b you want Credited to your 2025 Estimated Tax (Not Less than \$10.01) 5 (d) Amount to be refunded (Line 8b Less Line 8d) NO REFUND LESS THAN \$10.01) 5 (d) Amount to be refunded (Line 8b Less Line 8d) NO REFUND LESS THAN \$10.01) 5 (DECLARATION OF ESTIMATED TAX FOR TAX FOR TAX FEAR 2025-SEE INSTRUCTIONS 11. Total Estimated Income Subject to Tax \$\$ x TAX RATE OF 1.5% FOR GROSS TAX OF 11. \$\$ 12. \$\$ 13. \$\$ 14. NET TAX DUE (Subtract Line 13 from Line 11) 14. \$\$ 15. AMOUNT DUE WITH THIS ESTIMATE 1/4 OF Line 14 15. \$\$ 16. Overpayment from previous year-Credit from (Line 8c) if applicable 16. Overpayment from previous year-Credit from (Line 8c) if applicable 17. \$\$ 18. TOTAL AMOUNT DUE-ADD Line 10 8. 17 (PAYABLE WITH THIS RETURN ON OR BEFORE April 15, 2025 or the revised Federal Due Date 18. \$\$ 19. Leftly I have examined this return including accompanying schedules and statements, and to the best of my knowledge and belief it is true and correct. May we contact the tax pre-parer directly with questions regarding t								1.\$			
4. A SUJUSTMENTS: A Less allocable Delta net loss from previous years (limited 5 years)	2. Other inco	2. \$									
5. TOTAL ADJUSTED TAXABLE INCOME SUBJECT TO DELTA INCOME TAX 6. Delta Income Tax 1.5% of line 5	3. TAXABLE		3. \$								
6.Delta Income Tax 1.5% of line 5	4. ADJUSTM	ENTS: A. Less allocable Delta net loss	from previous years (limit	ed 5 years)				4. \$			
7. CREDITS: (a) Taxes Withheld in Other cities (total col. 1C) { Not to exceed 1%} { (b) Tax Withheld in Delta (Total Col. 1D) { } { } { } { } { } { } { } { } { } {	5. TOTAL AD	JUSTED TAXABLE INCOME SUBJECT T	O DELTA INCOME TAX					5. \$			
(b) Tax Withheld in Delta (Total Col. 10) (c) Payments to Delta on Estimates (d) Overpayments from Preceding Year (e) TOTAL CREDITS (Add Lines 7a, b, c, d) 8. (a) TAX DUE (Line 6 Less Line 7e) (NO AMT DUE LESS THAN \$10.01) (b) Overpayment Claimed (if Line 7e exceeds Line 6 enter difference here) (c) Enter Amount of Line 8b you want Credited to your 2025 Estimated Tax (Not Less than \$10.01) \$ (d) Amount to be refunded (Line 8b Less Line 8c) NO REFUND LESS THAN \$10.01) 9. PENALTY INTEREST LATE PENALTY TOTAL 9.\$ 10. TOTAL AMOUNT DUE FOR 2024 (PAYABLE WITH THIS RETURN ON OR BEFORE April 15, 2025) or the revised Federal Due Date	6.Delta Inco	me Tax 1.5% of line 5				3		6.\$			
(c) Payments to Delta on Estimates				1%)	••••••••••		\$				
(d) Overpayments from Preceding Year (e) TOTAL CREDITS (Add Lines 7a, b, c, d)		\$									
(e) TOTAL CREDITS (Add Lines 7a, b, c, d)											
8. (a) TAX DUE (Line 6 Less Line 7e) (NO AMT DUE LESS THAN \$10.01)							\$	7, \$			
(b) Overpayment Claimed (If Line 7e exceeds Line 6 enter difference here)								1			
(c) Enter Amount of Line 8b you want Credited to your 2025 Estimated Tax (Not Less than \$10.01)								8. \$			
(d) Amount to be refunded (Line 8b Less Line 8c) NO REFUND LESS THAN \$10.01)							\$				
9. PENALTY INTEREST LATE PENALTY TOTAL 9.\$ 10. TOTAL AMOUNT DUE FOR 2024 (PAYABLE WITH THIS RETURN ON OR BEFORE April 15, 2025) or the revised Federal Due Date 10. \$ DECLARATION OF ESTIMATED TAX FOR TAX FOR TAX FEAR 2025 - SEE INSTRUCTIONS							Υ S	-			
10. TOTAL AMOUNT DUE FOR 2024 (PAYABLE WITH THIS RETURN ON OR BEFORE April 15, 2025) or the revised Federal Due Date							TOTAL	 9.\$			
11. Total Estimated Income Subject to Tax \$ x TAX RATE OF 1.5% FOR GROSS TAX OF											
12. Delta Tax to be Withheld 1) \$ 2) Credit for Tax Withheld Other Cities Not to Exceed 1%											
13. Total of Line 12 (Box 1 plus 2)	11. Total Esti	imated Income Subject to Tax \$	x TAX RATE	OF 1.5% FOR	GROSS TAX OF			11. \$			
14. NET TAX DUE (Subtract Line 13 from Line 11)	12. Delta Tax	to be Withheld 1) \$	2)	Credit for Ta	ax Withheld Oth	ner Cities Not	to Exceed 1%	12. \$			
15. \$	13. Total of L		13. \$								
16. Overpayment from previous year-Credit from (Line 8c) if applicable		14. \$									
17. Subtract Line 16 from Line 15		15. \$									
18.TOTAL AMOUNT DUE-ADD Line 10 & 17 (PAYABLE WITH THIS RETURN ON OR BEFORE April 15, 2025 or the revised Federal Due Date											
I certify I have examined this return including accompanying schedules and statements, and to the best of my knowledge and belief it is true and correct. May we contact the tax preparer directly with questions regarding this tax return? YES NO Both Signatures Required for joint return Signature of Person Preparing, If Other than Taxpayer Date Signature of Taxpayer or Agent Date											
May we contact the tax preparer directly with questions regarding this tax return? YES NO Both Signatures Required for joint return Signature of Person Preparing, If Other than Taxpayer Date Signature of Taxpayer or Agent Date											
Signature of Person Preparing , If Other than Taxpayer Date Signature of Taxpayer or Agent Date											
A CONTRACTOR OF THE PROPERTY O		F F	ETE STUBLICT TO DELTA INCOME TAX. File Mbs return with PAYMENT to the Village John Annoths from the close of a fiscal year. Your Spouse's Soc. Sec. No The Moved Into Delta INCOME DECASED Date Moved Into Delta Previous Address								
Address or Name of Firm or Employer -Phone No. Signature of Taxpayer or Agent Date	Signature of	rerson rreparing, it Other than Taxe	payer Date	Signature of	raxpayer or Age	ent Date					
	Address or N	Name of Firm or Employer -Phone No.		Signature of	Taxpayer or Age	ent	Date				

ATTACH PAGE 1 OF 1040					
Federal Returns 1065, 1120, 1120 S	••••••••	ATTACH FEDERAL SCHE	DULE\$\$		
COPIES OF K-1'S ARE REQUIRED					
Schedule C	*******************	ATTACH FEDERAL SCH	DULE\$\$		
Schedule E Rental	DULE\$\$				
Federal Schedule K-1 from Partnership Incom	ne (Schedule 1065)	ATTACH FEDERAL SCHE	DULE\$		
Federal Schedule K-1 from S Corporation	(Schedule 1120	S) ATTACH FEDERAL SCHE	OULE\$		
Schedule F	************************	ATTACH FEDERAL SCHE	DULE\$\$		
			ATTACH FEDERAL SCHEDULE\$		
Gross income from gaming, wagering	· lottorios or se	hamas of shares			
Miscellaneous Income-income not report					
			\$		
			· · · · · · · · · · · · · · · · · · ·		
SCHEDULE H-ALL OTHER INCOME					
Individual's distributive share of income from partne	erships, estates, trus	ts, director's and other fees, farm,			
Received From		For (Describe)	Amount		
		Total Income-Enter or	n line 2, page 1 \$		
SCHEDULE X-USE THIS RECONCILIATI ITEMS NOT DEDUCTIBLE-A		RAL INCOME TAX RETURN	ITEMS NOT TAXABLE-DEDUCT		
A. Capital Gains (Excluding Ordinary Losses)	\$	G.	Capital Gains (excluding ordinary gain)	\$	
B. Expenses incurred in the prouction of non-taxable	-	—	Interest Income	\$	
Income (atleast 5% of line K)	\$		Dividends	\$	
C. Taxes based on Income	\$		Other (explain)	\$	
			Other (exprain)		
D. Net Operating Loss deduction per Federal Return	-		TOTAL DECLICATIONS (
E. Contributions	\$	K.	TOTAL DEDUCTIONS (enter from		
F. TOTAL ADDITIONS	\$		line 3 Schedule C)	\$	
		L. Net of line F & Line K (t	o be entered line 2 Sc C)	\$	
SCHEDULE Y-BUSINESS ALLOCATION FORMU	LA			_	
		a. located everywhere	b. located in Delta	percentage	
Step 1. Avg. value of real & tang Personal Property		\$	\$		
Gross annual rentals paid multiplied by 8		\$	\$	_	
Total step 1		\$	\$	%	
Step 2. Gross receipts from sales made and/or	r work				
or services performed (see instructions)		\$	\$	%	
or services performed (see instructions	>)	Ψ	¥		
itep 3. Wages, salaries and other compensation	on				
paid		\$	\$	%	
4. Total Percentages		\$	\$	%	
5. Average Percentage (divide total percen	tages by number of p	pertanges used)			
		CARRY TO LINE 2 page	1 OF YOUR RETURN	%	
		Crimin to this 2 page			