

Mail to: Village of Sherrodsburg Income Tax Dept.

PO Box 31

Sherrodsburg, Ohio 44675

Fiscal Period From _____ Through _____, 20____

Please write name and address:

Main Taxpayer _____ Last 4 digits of SSN _____

Spouse _____ Last 4 digits of SSN _____

Address: _____

1. Wages

W-2's MUST BE ATTACHED

Employer	City Where Employed	City Tax Withheld	Total W-2 Wages (Box 1)

2. Other Taxable Income (Include Attachments).....\$_____

3. Net Profit from business or profession (Include Attachments) \$_____

4. Total Taxable Income (Add Line 1, 2 ,& 3).....\$_____

5. Sherrodsburg Income Tax (Multiply Line 4 by 1%, or .01).....\$_____

6. Credits Allowable

a. Sherrodsburg Income Tax Withheld\$_____

b. Estimated Taxes Paid to Sherrodsburg.....\$_____

c. Taxes Paid to Another City (up to 1%).....\$_____

d. Other Credits/Carryovers (Please explain)\$_____

E. **TOTAL CREDITS** (add a,b,c,&d)\$_____

7. Balance of Tax Due the Village of Sherrodsburg (Line 5 minus Line 6E)\$_____

8. Overpayment to be **refunded/credited** to next year (circle one).....\$_____

I declare that the information contained in this tax return has been examined by me and to the best of my knowledge and belief; it is a true and complete return.

Signature of Person/Firm Preparing Return

Spouse's Signature

Date

OFFICE USE ONLY:

DATE RECEIVED: _____ CHECK # _____ AMOUNT PAID _____ CONFIRMED _____

INSTRUCTIONS FOR FILING SHERRODSVILLE LOCAL INCOME TAX

All Village of Sherrodsille Residents are REQUIRED to file a Village of Sherrodsille Tax Return. You are NOT required to file a Village tax return if you are a resident *and* you file an exemption with the Village of Sherrodsille Income Tax Department. To request an exemption form, contact the

Village Income Tax Administrator 740-269-5025 or email villageofsherrodsille@hotmail.com

Non-residents who are employed or perform work services *within* the corporation limits of the Village of Sherrodsille are subject to the tax and are REQUIRED to file a Village of Sherrodsille Income Tax Return.

Enter the dates and year for which you are filing.

Enter name and/or spouse and address.

Enter your/your spouse's last (4) digits of your social security numbers.

LINE 1- Enter employer's name and wages received from each employer(Box 1 on W-2)

Also enter City/Local tax withheld(Box 19 on W-2)

LINE 2- Enter Other Taxable Income ex. Farming, Self-Employment, Rental Income etc.

DO NOT INCLUDE: *Social Security Benefits, Unemployment Benefits, Retirement Benefits, Active/Reserve Military Duty Pay, and Income earned if you are UNDER 18 years of age.*

LINE 3- Include Business income ~ Attach appropriate Schedules

LINE 4- Total Taxable Income ~ Add Lines 1,2,&3

LINE 5- TAX ~ Sherrodsille's Income Tax Rate is 1%. Multiply LINE 4 by 1% and that is your total city income tax.

LINE 6- CREDITS:

- A. Sherrodsille Income Tax Withheld (Box 19 on W-2)
- B. Taxes prepaid on previous year estimate payments
- C. Taxes paid to another city, up to 1% (also Box 19 on W-2)
- D. Other Credits ~ Explain
- E. TOTAL of Credits—Add LINES 6A-6D
- F.

LINE 7-Balance of Tax due to Village of Sherrodsille - Subtract LINE 6E from LINE 5. This is your tax owed to the Village of Sherrodsille. Make check payable to the Village of Sherrodsille Tax Department. It is due by April 15th, 2026 unless an extension is applied and approved.

LINE 8- If you overpaid taxes to the Village of Sherrodsille, if LINE 6E is greater than LINE 5, you are eligible for a refund. A refund in the amount of \$1.00 or less will not be given. You may credit it to next year's taxes due, if you prefer.

Sign and Date your return and send form, attach copy of W-2, and/or payment to:

Village of Sherrodsille –Tax Department

P. O. Box 31
Sherrodsille, OH 44675

If further assistance is needed, you can contact the Sherrodsille Tax Clerk at 740-269-5025.