## **FORM FR 1540**

VILLAGE OF MIDDLEFIELD

14860 N STATE AVE

## MAKE CHECK OR MONEY ORDER TO:

**INDIVIDUAL - 2023** 

**INCOME TAX RETURN MIDDLEFIELD** 

Due Date 04/15/2024

Federal Schedules MUST be attached to

Taxpayer's Social Security No.	
HomeTelephone No.	BusinessTelephone No.

Spouse's Social Security No.	
Spouse's Name	
HomeTelephone No.	BusinessTelephone No.

WIIDDLET IEED OTT 44002	this return.			Spouse's Social Security No.				
Voice 440-632-3524 Fax 440-632-0591				Spouse's Name				
tstupka@middlefieldohio.com				HomeTelephone No		BusinessT	elephone No.	
Name		<u>Filin</u> ∏Single	g Status	RESIDENT		OU HAVE MO YEAR - GIVE	OVED DURING DATES	
And			I filing joint	□ NON-RESIDENT	INTO / /			
Allu		☐ Married filing separate			OUT OF / /		/ /	
Address		NAME_	IF YOU F	RENT, PLEASE GIVE LAN	NDLORD	S INFORMAT	ION	
		ADDRESS						
ncome 1 Wages, salaries, tips,etc. (Box 5 - W2)			1					
2 Other taxable income			2					
3 Total taxable income (add lines 1 and 2)			2		3			
Tax and Credits					_ ′	'L		
4 Middlefield tax due before credits (1.250% of li	ne 3)				4	ı		
5 Estimated tax payments made to Middlefield			5		•	'		
6 Taxes withheld and paid to Middlefield			6					
7 Overpayment from prior year(s)			7					
MIDDLEFIELD ALLOWS NO CREDIT FOR	TAXES PAID TO OTH	ER CITIES.						
8 Total credits (add lines 5 through 7)					8	3		
Refund (Issued if greater than 10.01)					_	´L		
9 If line 8 is greater than line 4, subtract line 4 fr	om line 8. This is the amo	ount you overpaid			9			
10 Amount of line 9 to be credited to next years e		, ,	10					
11 Amount of line 9 to be refunded			11					
Tax Due (if greater than 10.01)				,				
12 If line 4 is more than line 8, subtract line 8 from	m 4, this is the tax amount	you owe			12	2		
13 Penalties and interest Late File	Late Pay	Late Estimate	Intere	st	13	3		
Declaration of Estimate For 2024								
14 Estimated income			14					
15 Estimated tax due. Multiply line 14 by 1.250%			15					
16 Taxes to be withheld and paid to Middlefield			16					
17 Prior credit applied to estimated tax payments			17					
$18\ \mathrm{Net}$ estimated tax due (subtract line $16\ \mathrm{and}\ 17$			18					
19 Minimum amount due for first quarter (multiple	ly line 18 by .25)		19					
Amount You Owe								
20 Total amount due (add lines 12, 13 and 19)					20	)		
			Tax Office Use	Only: Tax Office Us	e Only	: Tax Office	Use Only	

The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated and that the figures used herein are the same as used for Federal Income Tax purposes.

Taxpayer's Signature

Spouse's Signature Date Tax Preparer's Signature Date (If other than taxpayer) Phone No.

CREDIT CARD INFORMATION FOR PAYMENT						
			ACCOUNT NUMBER			
DISCOVER	MICA					
200 200 200 200	VISA	Mastercard	SECURITY PIN	CARD EXPIRATION		
500,00000.00	5			/ /		
			<u> </u>			
AMOUNT		CARD	HOLDER SIGNAT	URE - SIGN HERE		