CITY OF DELPHOS, OHIO
INCOME TAX RETURN

Reset Form

Acct. #

Form R

File with:
Delphos Income Tax Department
608 North Canal Street
Delphos, Ohio 45833

NOTE: Before remitting, be sure all supplemental documents (W-2, SCH C, SCH E, K-1, 1099 MISC, etc.) are attached to your return. **RETURNS WILL NOT BE PROCESSED IF THE SUPPORTING DOCUMENTATION IS MISSING.**

for Calendar Tax Year
20____
or
Fiscal Tax Year - for Businesses
from: to:

Your Soc. Sec. #:
Spouse Soc. Sec. #:
Business Fed. ID #:

DID YOU MOVE DURING THE YEAR?
☐ I moved into Delphos ☐ I moved out of Delphos
PREVIOUS ADDRESS or NEW Forwarding Address
DATE OF MOVE:

CURRENT NAME AND ADDRESS:
Your Name
Spouse Name
Address Line-1
Address Line-2
City, State. Zip

DUE DATES:
For CALENDAR Year Filings:
April 15th
or
For FISCAL Year Filings: 3 1/2 months after the end of the above fiscal year period

If you rent, please provide the name & Address of your Landlord
Landlord Name
Address Line 1
Address Line 2
City, State, Zip

☐ I am not required to complete this tax return because:

SECTION A: W-2 WAGES & BUSINESS INCOME No. of Different Employers / No. of W-2s Attached:

Employer's Name	Taxes Paid to Other City	Delphos Tax Withheld	Delphos Gross Wages	All other Gross Wages

1) Total Medicare Wages (box 5 of W2) or Local Wages (box 18 of W2) use larger number (Attach Federal 1040 pg 1 & all W2) — 1) $ 0.00
2) Other Taxable Income: From Federal Schedule C, E, F, K-1, 1099 Misc, 1099 NEC, 1099 K (Attach all schedules with this form.) — 2) $ 0.00
3) Total Taxable Income: Add lines 1, & 2 — 3) $ 0.00
4) Municipal Tax: Multiply Line 3 by City of Delphos Tax Rate of 1.75% — 4) $ 0.00
5) Credits: (Delphos City School District taxes are NOT credits- they may appear as 0204 SD
   5a. Delphos City tax withheld by Employer (see box 19 of W2) — 5a. $ 0.00
   5b Estimated Tax Paid (Quarterly payments made by you) — 5b.
   5c Other City credit tax withheld by Employer- at .75% — 5c.
   5d Credit Carry Over from previous year return (if over $10.00) — 5d.
   5) 0.00
6) Tax Due: Line 4 minus Line 5 (Payment of Balance must accompany this Return. — 6) $ 0.00
7) Late Filing Fee $25.00 after April 15th — 7) $ 0.00
8) Total Tax and Fees due: Add Line 6 and 7 — 8) $ 0.00

9a. Overpayment Refunded $ $ 0.00 or b. Credited to 2025 $ $ 0.00

Total Amount Due on Or Before April 15, 2025 $ $ 0.00 (Line 8)

Total Amount Due/Refund $ 0.00

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. *(All appropriate Forms and Schedules MUST be attached with this Return to be deemed "FILED" by the City of Delphos)*

Signature of Taxpayer ____ Date ____ Signature of Preparer ____
Signature of Spouse ____ Date ____ Date ____
Taxpayer Phone Number ____

Do you authorize your Preparer to contact us regarding this Return? (Please check box and initial) Yes ☐ No ☐ Initial ____

Fill-in form on your computer and save to your computer for your files. Print, sign and return the form to the above address by mail or in person.

This form cannot be filed electronically.