

VILLAGE OF GRANVILLE
2025 INDIVIDUAL INCOME TAX RETURN
DUE ON OR BEFORE APRIL 15, 2026

Social Security Number	Spouse's Social Security Number
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NAME AND ADDRESS

City of Residence:	_____
City of Employment:	_____
Part Year Resident: Date Moved In:	_____
Date Moved Out:	_____
Telephone: Home	_____
Cell	_____
Email:	_____

**A COPY OF YOUR FEDERAL FORM 1040, AND SCHEDULE 1
MUST BE SUBMITTED WITH YOUR GRANVILLE RETURN**

NOTE: UNLESS SIGNED, ACCOMPANIED BY ALL FEDERAL W-2'S AND/OR ACCOMPANYING FEDERAL SCHEDULE, AND PAYMENT OF THE BALANCE OF TAX DECLARED DUE (LINE 8) AND AT LEAST 1/4 OF THE ESTIMATED TAX (LINE 15), THIS FORM IS NOT A LEGAL FINAL RETURN OR DECLARATION AND MAY BE SUBJECT TO LATE FILING AND PAYMENT PENALTIES.

1. Qualifying wages, salaries, and other employee compensation (Generally the greater of Box 5 or Box 18 of W-2 Form) (ATTACH ALL W-2 FORMS)	\$	_____
2. Adjustments (Complete Worksheet A on Page 2) from Page 2 line A4	\$	_____
3. Taxable wages & misc. income (Sum of lines 1 & 2)	\$	_____
4. Other taxable income (from Page 2, line 3D. If net loss enter as -0-) (ATTACH ALL FEDERAL FORMS)	\$	_____
5. Total income subject to tax (Line 3, Plus Line 4)	\$	_____
6. Granville tax: 1.5% (.015), of Line 5	\$	_____
7. Credits		
A. Tax withheld by employer for Village of Granville per W-2	\$	_____
B. Estimated tax paid to Village of Granville	\$	_____
C. Credit allowed for income taxable to other cities (See line instructions)	\$	_____
(Attach copies of Municipal Tax Return or W-2 documenting this tax)		
D. Prior year overpayments (Not included in Line 7B)	\$	_____
E. TOTAL CREDITS	\$	_____
8. TAX BALANCE DUE (LINE 6 less Line 7E)	\$	_____
9. A. Late Payment Penalty (15%) \$ _____ Interest (10% per annum) \$ _____ Total Late Payment P&I	\$	_____
B. Late Filing Penalty \$25.00	\$	_____
10. TOTAL TAX DUE INCLUDING PENALTY & INTEREST (Sum of Lines 8, 9A and 9B)	\$	_____
11. Overpayment to be refunded \$ _____ OR Credit to next year estimate \$ _____		

If tax due/refund amount is under \$10.00, no payment is required; no refund will be issued.

DECLARATION OF ESTIMATED TAX FOR YEAR 2026

12. Total income subject to tax \$ _____ (Multiply by tax rate of 1.5% for gross tax)	\$	_____
13. Less expected credits:		
A. Granville tax to be withheld by employer	\$	_____
B. Credit for income taxable to other municipalities (Limited to .75%)	\$	_____
C. TOTAL CREDITS (Sum of Lines 13A and 13B)	\$	_____
14. Net tax due (Line 12 Less Line 13C – if \$200.00 or more, estimated payments required)	\$	_____
15. Amount of quarterly payments due (Line 14 ÷ 4)	\$	_____
16. Overpayments from prior year (Line 11 if Credited)	\$	_____
17. Amount paid with this declaration (Line 15 Less Line 16)	\$	_____
18. Balance of estimated tax due (Line 14 Less Line 16 & 17)	\$	_____

TOTAL PAYMENT DUE: LINE 10 \$ _____ + LINE 17 \$ _____ = _____AMOUNT DUE WITH TAX FILING \$ _____

I certify that I have examined this return (including accompanying schedules and statements) and to the best of my knowledge and belief it is true, correct, and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which preparer has any knowledge.

Signature of Person Preparing if Other Than Taxpayer	Date	Signature of Taxpayer	Date
Address	Telephone #	Signature of Taxpayer	Date

MAKE CHECK OR MONEY ORDER PAYABLE TO: **VILLAGE OF GRANVILLE**

