

--- HICKSVILLE INCOME TAX RETURN ---
FILING REQUIRED EVEN IF NO TAX DUE

On or before April 15, 20____

TAXPAYER'S NAME, ADDRESS

ACCOUNT NO. _____

NAME OF EMPLOYER _____

ADDRESS _____

TELEPHONE: HOME _____

BUSINESS _____

S.S. No. - Mr. _____ Ms./Mrs. _____

IF MOVED SINCE THE PREVIOUS FINAL
RETURN WAS DUE GIVE DATE OF MOVE

INTO CITY _____ OUT OF _____

NOTE: Page 2 must be completed if you have taxable rental property or business income

- 1. WAGES, SALARIES, TIPS, AND OTHER EMPLOYEE COMPENSATION (ATTCH ALL W-2's) \$ _____
- 2. OTHER TAXABLE INCOME (FORM PAGE 2 IF USED) \$ _____
- 3. TAXABLE INCOME: LINE 1, PLUS LINE 2. \$ _____
- 4. MUNICIPAL TAX 1% OF LINE 3 \$ _____
- 5. CREDITS
 - A. TAX WITHHELD BY EMPLOYER (NOT TO EXCEED 1%) \$ _____
 - B. 20____ ESTIMATED TAX PAID THIS MUNICIPALITY \$ _____
 - C. 20____ TAX PAID CITY OR VILLAGE OF _____ (NOT TO EXCEED 1%) \$ _____
 - D. PRIOR YEAR OVERPAYMENTS \$ _____
 - E. TOTAL CREDITS \$ _____
- 6. BALANCE TAX DUE, IF LINE 4 GREATER THAN LINE 5E (PAYMENT IN FULL MUST ACCOMPANY THIS RETURN) \$ _____
 - A. LATE FILING PENALTY \$ _____ B. EST. PENALTY \$ _____
 - C. ACCRUED PENALTY \$ _____ D. ACCRUED INTEREST \$ _____
 - E. TOTAL AMOUNT DUE \$ _____
- 7. OVERPAYMENT TO BE REFUNDED \$ _____ OR CREDITED _____ TO NEXT YEAR ESTIMATE \$ _____

DECLARATION OF ESTIMATED TAX FOR YEAR 20____

- 1. TOTAL INCOME SUBJECT TO TAX \$ _____ : MULTIPLY BY TAX RATE OF _____ % FOR GROSS TAX OF \$ _____
- 2. LESS EXPECTED TAX CREDITS
 - A. WITHHELD BY AN EMPLOYER (NOT TO EXCEED _____ %) \$ _____
 - B. OVERPAYMENT FROM PRIOR YEAR \$ _____
 - C. TOTAL CREDITS \$ _____
- NET TAX DUE (LINE 1 LESS LINE 2) \$ _____
- AMOUNT PAID WITH THIS DECLARATION (NOT LESS THAN 1/4 OF LINE 3) \$ _____

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 or Agent

Date

THIS PAGE TO BE COMPLETED ONLY BY THOSE WHO HAVE MUNICIPAL TAXABLE INCOME OTHER THAN WAGES

- 8. PROFIT FROM ANY BUSINESS OWNED (ATTACHED COPY OF FEDERAL SCHEDULE C) \$ _____
 - 9. RENTAL INCOME (ATTACH COPY OF FEDERAL SCHEDULE E) \$ _____
 - 10. OTHER INCOME (ATTACH COPY OF APPROPRIATE FEDERAL SCHEDULE) \$ _____
 - 11. TOTAL OTHER INCOME (LINES 8 THRU 10) \$ _____
 - 12. NET OTHER TAXABLE INCOME (INTEREST IN LINE 2 PAGE 1) \$ _____
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INSTRUCTIONS

FOR COMPLETION OF LINES 1 THRU 12

- 2. To be completed only if you have required to complete Page 2.
- 7. Overpayment will be applied to next year's Declaration unless a request for a refund is indicated.

INSTRUCTIONS

FOR COMPLETION OF LINES 1 THRU 4 ON DECLARATION OF ESTIMATED INCOME

- 1. Insert the amount you expect to make in the coming year.
- 2. Line (a) should reflect the amount of tax withheld by your employer for any city up to the maximum percent shown on line 1. Line (b) should correspond to the figure shown on your 20____ Final as an overpayment.
- 4. You may pay the entire amount with the filing of this form.

NOTE: THE RETURN OF THIS FORM UNLESS SIGNED, DATED, AND ACCOMPANIED BY PAYMENT OF AT LEAST 25% OF THE ESTIMATED TAX SHOWN ON LINE 3, DOES NOT CONSTITUTE THE FILING OF A DECLARATION.