

Email Address

FOR TAX USE ONLY TURN

Daytime Phone #

E31 1000	2021	INCOME TAX DEPARTIN		(740) 203-1225	FOR TAX USE OINLY
CITY OF —	2021	P.O. BOX 496 DEL	AWARE, (	OHIO 43015-0496	AMOUNT PAID WITH THIS RETURN
DELAWARE	<b>INCOME</b>				
• INCOME TAX DEPARTMENT •	TAX RETURN			İ	□ CHECK □ CASH □ MONEY ORDER
	DUE ON OR BEFORE APRIL 18, 2022				CHECK NO.

	DOL ON	ON BLI ONL AFINE 10, 2022		CHECKING	J
YOUR SOCIAL SECURITY # 286-15	5-8094	POUSE SOCIAL SECURITY #	036-99-9772	RESIDENCY AND EMPLOYME ATTACH ADDITIONAL SHEE	
DELAWARE TAX I.D.				PART YEAR RESIDENT FROM 01/01/2	
				NAME OF EMPLOYER Cardinal He	alth 5, LLC
				CITY WHERE WORK PERFORMED	
				DATES EMPLOYED	
				NAME OF EMPLOYER	
				CITY WHERE WORK PERFORMED	
Name, Address and Email: Indicate change	e(s) by checking $\square$ Na	ame ∏Address ∏Email E	fective Date:	DATES EMPLOYED	
CHECK ONLY ONE FILING STATUS	.,,	SONS, 16 YEARS OR OLDER		DO YOU OWN RENTAL PROPERTY? Y	
—— SINGLE	Name	Date of Birth	Social Security Number	IF RENTING RESIDENCE, GIVE NAME AND ADDR	
MARRIED FILING JOINTLY					
MARRIED FILING SEPARATELY	TE THIS SECTION	N IE ONI Y INCOME IN 20	21 WAS NON-TAYARI	LE. SEE INSTRUCTION NO. 3.	
				TARY PAY UNEMPLOYMENT PE	RMANENT DISABILITY
☐ OTHER				E IN 2021 – STOP HERE, SIGN, DATE AND	
1 TOTAL W 2 WAGES /Uso W 2 b	ov 5 or boy 18 which	nover is higher) ATTACH ALL	W 2s	\$	141 240
				\$	
				CHEDULES OR 1099M	
,	•	,		\$	
5. CREDITS	.pry			Ψ	
A. TAX WITHHELD BY EMPLO	YER FOR DELAWAR	RE		\$	
B. CREDIT FOR TAX PAID OT	HER CITIES (FROM	DELAWARE TAX FORM, PA	GE 2, LINE 17) Residents	Only \$1306.47	
				\$	
				\$	6
·	- '				
7. PENALTY AND INTEREST - SEE	,				
INCOME TAX DEPARTMENT.			,		1306.47
8. LINE 6 PLUS LINE 7 (IF APPLICA	ABLE)			2021 BALANCE DUE \$	
		· · /=		CREDITED \$ (B)TO	NEXT YEAR ESTIMATE
(IF LINE 8 OR 9 IS \$10.00 OR LESS	, NO PAYMENT DUE, N	O REFUND ISSUED OR CREDIT (	CARRY FORWARD)		
DECLARATION	OF ESTIM	ATED TAX DUE I	OR YEAR 2022	2 - SEE INSTRUCTION NO.	12.
COMPLETION OF THIS SEC	TION IS REQUIRE	D IF YOU WISH TO RECEIV	E REMINDERS TO MAI	KE YOUR QUARTERLY ESTIMATED TA	AX PAYMENTS.
10. ESTIMATED INCOME SUBJECT	TO TAX \$	MULTIPLY	BY TAX RATE OF 1.85%	FOR TAX DUE OF\$	
				\$	
				EQUIRED. SEE INSTRUCTIONS FOR DUE DATES \$	
13. LESS OVERPAYMENT FROM PI	RIOR YEAR(S)			\$	
14. AMOUNT DUE BY APRIL 18 202	2 WITH THIS DECLA	ARATION (25% OF LINE 12 LE	SS LINE 13)	2022 AMOUNT DUE \$	
15 TOTAL 2021 BALANCE AND 202	2 ESTIMATED TAY	ES DUE /LINE & DUUS LINE1	N.	REMIT PAYMENT TOTAL OF LINES 8 & 14	
10. TOTAL 2021 BALANCE AND 202	2 ESTIMATED TAXE	LS DOE (LINE 8 FLOS LINE I	•)	TOTAL OF LINES 8 & 14	
				EMENT(S) AND TO THE BEST OF MY KN	
·	HECK HERE IF YOU	WOULD LIKE THE TAX DEF	PARTMENT TO CALCULA	WITH THE PREPARER SHOWN BELOW TE YOUR RETURN. ATTACH W-2S, PR E INSTRUCTIONS.	_
Signature of Person Preparing if Other Than Tax	cpayer	Date	Signature of Taxpayer		Date
Print Name of Person Preparing if Other Than T	axpayer	Date	Signature of Spouse		Date

Daytime Phone #

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16.OTHER TAXABLE INCOME.	SEE INSTRUCTION NO. 7.				PROFIT	LOSS
		TTACH FEDERAL SCHE	DULE(S) C)			
	,		TACH FEDERAL SCHEDULE(S			
			AL SCHEDULE(S) E AND K-1)			
		,	, , , ,			
			ATION)			
REPORT NET PROFIT HERE	AND ON LINE 2 ON FRONT	OF FORM				
TOTAL TAX CREDIT ON LINI EXAMPLES: On an income of \$10,000. be \$92.50 (.00925 X \$10,000. On an income of \$10,000. be \$50.00 (.50 X \$100.00) CREDIT FOR TAX PAI	E TAXED BY THE OTHER C E 5B. USE BELOW DELAWA 00 earned in a city with a 2.00 100.00) NOT \$100.00 (.50 X \$: 00 earned in a city with a 1.00 NOT \$92.50 (.00925 X \$10,00 D OTHER MUNICIPALITII	ITY AND DELAWARE.  RE SCHEDULE 1 TO CO  % earnings tax rate, the e 200.00).  % earnings tax rate, the e 00.00).  ES. PART-YEAR R	MPUTE CREDIT.  mployer should withhold \$200.0  mployer should withhold \$100.0  ESIDENTS MUST PRORAT TAXABLE INCOME AND TAX  (D)  OTHER CITY TAX	O. The maximu  O. The maximu  C. The maximu  C. CREDIT  PAID. A REF	TE CREDIT INDIV Im allowable credi Im allowable credi ON THE SAN	IDUALLY, THEN INSERT THE It for Delaware in this case would It for Delaware in this case would
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				<u> </u>		
TOTAL COLUMN E ENTER	LEDE AND CARRY TO LINE	SP ON EDONT			TOTA	
	EEE INSTRUCTION NO. 6. ILE NOT A RESIDENT OF DE A ON FRONT OF FORM		ERATE CALCULATION OR SUI			
	NG WAGE BY 90% (.90). <u>EMP</u>	LOYER MUST COMPLE	TE CERTIFICATION BELOW.			
NOTE: IF YOU ARE AN INTE	ERSTATE TRUCK DRIVER RI		FUND OF DELAWARE TAX WIT	HHELD EMPL	OYER MUST PRO	OVIDE SEPARATE
LETTER DETAILING THIS IN		FORM				¢.
20. NON-RESIDENT EMPLOYEE CITY TAX. A LIST OF DATE INSTRUCTION NUMBER 11.			ECTIY OF DELAWARE FOR WE EMPLOYER MUST COMPLET			
A TOTAL OHALIEVING WAG	SE FOR THE VEAR					
				_		_
				_		_
D. MULTIPLY B X C	O MOUVED OUTSIDE THE C	41.1				_
	E 1A ON FRONT OF FORM					\$
			RDING ADJUSTMI			
EMPLOYER CERTIFICATION IS VALID WITHOUT A COMPLETE						
ADJUSTMENTS ON LINES 19 (		,		_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
I/WE CERTIFY THAT THE EMPLOYE EITHER NOT WORKING INSIDE THE TO THE EMPLOYEE; AND THAT NO	CORPORATE LIMITS OF THE CI	TY OR CITY TAX WAS IMPR	OPERLY WITHHELD; THAT NO POF			
NAME OF EMPLOYER			EMPLOYER'S PHONE NO.		EMAIL	
OFFICIAL'S SIGNATURE	DAT	ΓΕ	OFFICIAL'S NAME PRINTED			

TITLE