

Make payable and mail to:
 ROSEVILLE INCOME TAX
 107 N. MAIN STREET
 ROSEVILLE, OH 43777
 (740) 697-7323 Mon-Fri 8am-4pm

2025
ROSEVILLE
INCOME TAX RETURN
 YOUR RETURN MUST BE POSTMARKED ON OR BEFORE
APRIL 15, 2026 FILING IS REQUIRED EVEN IF NO TAX IS DUE

TAX OFFICE USE ONLY

If you received a label in the mail, please affix the label here.

PLEASE VERIFY CORRECT NAME AND ADDRESS ARE SHOWN BELOW:
 ACCOUNT #: _____

PLEASE ENTER:
 SOCIAL SECURITY NUMBER(S): _____

PARTIAL YEAR RESIDENT:
 DATE MOVED IN: ____/____/____
 DATE MOVED OUT: ____/____/____
 PROVIDE PREVIOUS ADDRESS:

TAXPAYER'S PHONE NUMBER: _____

TAXABLE: _____	%
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		TAXPAYER USE	TAX OFFICE USE ONLY
ATTACH W2S, 1099S, FEDERAL 1040 & SCHEDULES TO INCOME TAX FORM			
INCOME	1 Enter qualifying wages & compensation (usually box 5 on your W2 - see instructions on reverse)	1 \$ _____	1 _____
	2 Miscellaneous income (tips not already included in wages, 1099s not reported on Federal Sch, etc)	2 \$ _____	2 _____
	3 Business/Rental income (attach copies of applicable Federal Schedules) enter business loss as zero	3 \$ _____	3 _____
	4 Items Not Taxable	4 \$ _____	4 _____
	5 TOTAL INCOME SUBJECT TO TAX (add lines 1, 2 and 3) INCOME	5 \$ _____	5 _____
TAX	6 ROSEVILLE TAX: 1% (multiply line 5 by 0.01) TAX	6 \$ _____	6 _____
	ATTACH W2S AND/OR OTHER CITY RETURNS TO SUBSTANTIATE CREDIT REPORTED		
CREDITS ATTACH W2S HERE	7 Roseville tax withheld per W2(s)	7 \$ _____	7 _____
	8 2025 Declaration Paid	8 \$ _____	8 _____
	9 Credit carryover (credit carried forward & not refunded)	9 \$ _____	9 _____
	10 TOTAL CREDIT (add lines 7, 8, 9) CREDIT	10 \$ _____	10 _____
BALANCE DUE, REFUND OR CREDIT NO TAXES OR REFUNDS OF LESS THAN \$10.00 SHALL BE COLLECTED OR REFUNDED	11 TAX DUE/OVERPAYMENT (line 10 minus line 6)	11 \$ _____	11 _____
	12 A. Penalty: (fraction of a month counts as whole month)	12A \$ _____	12A _____
	B. Interest: x number of months late (fraction of a month counts as whole month)	12B \$ _____	12B _____
	C. Late Filing Fee: \$25	12C \$ _____	12C _____
	D. TOTAL PENALTY, INTEREST AND LATE FEE (add lines 12A, 12B and 12C)	12D \$ _____	12D _____
13 TOTAL DUE/OVERPAYMENT (add lines 11 and 12D) If \$10.00 or less enter zero	13 \$ _____	13 _____	
A. Carryover to 2025/apply to prior balance \$ _____ B. Refund \$ _____			

<small>DECLARATION NOT REQUIRED IF 100% OF YOUR ROSEVILLE TAX IS PAYROLL DEDUCTED BY YOUR EMPLOYER</small>			
2026 DECLARATION OF ESTIMATED TAX	14 Roseville Estimated 2026 Taxable Liability (Must be at least 90% of 2025's Taxable liability to avoid penalty for underestimating)	14 \$ _____	14 _____
	15 Credits: Roseville Village Tax to be Withheld	15 \$ _____	15 _____
	16 Estimated Annual Amount Due (Line 14 Minus Line15) IF LESS THAN \$200.00, NO QUARTERLY PAYMENTS DUE)	16 \$ _____	16 _____
	17 QUARTERLY-PAYMENT AMOUNT (Line 16 divided by 4)	17 \$ _____	17 _____
	18 2025 Overpayment Credited to 2026 (Amount from Line 13 (A) Above)	18 \$ _____	18 _____
19 AMOUNT DUE Toward 2026 Declaration (Line 17 Minus Line 18)	19 \$ _____	19 _____	
<small>o Check Box if paying with credit card. See back page to complete payment information.</small>			
TOTAL DUE	20 TOTAL PAYMENT DUE (LINE 13 if amount is due PLUS LINE 19) TOTAL PAYMENT DUE	20 \$ _____	20 _____

I certify that I have examined this return, including accompanying W2s, 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 the taxpayer, this declaration is based on all information of which preparer has any knowledge. Mailing income tax returns without payment, proper documentation, and/or signature does not constitute a filing.

SIGNATURE OF TAXPAYER _____ DATE _____

SIGNATURE OF PREPARER, IF OTHER THAN TAXPAYER _____ DATE _____
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SIGNATURE OF TAXPAYER _____ DATE _____

TAX PREPARER'S PHONE NUMBER _____

IF YOUR RETURN WAS PREPARED BY A TAX PREPARER, MAY WE CONTACT HIM/HER IF WE HAVE QUESTIONS?

YES NO

