2016 INDIVIDUAL

Spouse's Signature ___

Preparer's Signature ___

www.ashlandincometax.com ASHLAND CITY INCOME TAX RETURN

2016

__Phone No ___

Check here ___

FILING IS REQUIRED, EVEN IF NO TAX IS DUE TAX OFFICE USE ONLY **EXTENSIONS DUE APRIL 18TH ALONG WITH PAYMENT** RESIDENT NON-RESIDENT Total Paid IF YOU MOVED DURING THE TAX YEAR, with Return \$ _ PLEASE GIVE DATES: INTO ASHLAND / / CHECK # **OUT OF ASHLAND** NAME(S): TAXPAYER SOCIAL SEC. NO. SPOUSE SOCIAL SEC. NO. _ ADDRESS: **E-MAIL ADDRESS:** ACCOUNT NO. PHONE NO. **EXEMPTION FORM:** IF EXEMPT- STOP HERE, SIGN, DATE AND MAIL UNEMPLOYED RETIRED ACTIVE MILITARY UNDER 18 YRS OF AGE- BIRTHDATE:_____ OTHER:___ 1. WAGES, SALARIES & TIPS (BOX 5 OF W-2 OR HIGHEST WAGE ON W-2) (ATTACH ALL W-2S) 2. FEDERAL FORM 2106 DEDUCTIONS (USE LINE 27 FROM FEDERAL SCHEDULE A) 2. \$ -____ (BOTH THE FORM 2106 AND FEDERAL SCHEDULE A MUST BE ATTACHED TO RECEIVE DEDUCTION) 3. OTHER INCOME: Fed. Schedule C, E, K-1, 1099'S, FEES, COMMISSIONS, GAMBLING & MISCELLANEOUS 3. \$_____ (ATTACH ALL SCHEDULES AND TENANT ROSTERS) (1099RS ARE NOT TAXABLE TO THE CITY) 4. TOTAL INCOME LINE 1 MINUS LINE 2 PLUS LINE 3 5. ASHLAND INCOME TAX 1.5% OF LINE 4 (LINE 4 X .015) 5. \$____ 6. A. ASHLAND INCOME TAX WITHHELD BY EMPLOYERS 6A. \$ B. TAXES PAID TO OTHER CITIES (LIMIT 1% OF BOX 18) 6B. \$_____ C. ESTIMATED TAXES PAID / PRIOR YRS OVERPAYMENT 6C. \$ D. TOTAL CREDITS (ADD A, B AND C) - 6D. \$_____ 7. \$ 7. TAX DUE (LINE 5 MINUS 6D) 8. A. OVERPAYMENT CLAIMED IF LINE 7 IS NEGATIVE 8A. \$_____ B. ENTER AMT OF LINE 7 YOU WANT APPLIED TO NEXT YR 8B. \$ C. ENTER AMT OF LINE 7 YOU WANT REFUNDED 8C. \$ 9. INSUFFICIENT ESTIMATED TAXES PAID PENALTY (15% OF ESTIMATES UNPAID FOR 2016) 9. \$_____ 10. INTEREST (.5% OF TAX PER MONTH OR PORTION OF A MONTH ON LINE 7) 10. \$ 11. LATE FILING PENALTY (\$25.00 PER MONTH OR PORTION OF A MONTH) 11. \$_____ 12. TOTAL INTEREST AND PENALTIES (ADD LINES 9-11) 12. \$ 13. AMOUNT DUE FOR 2016 No payment or refund for amount under \$10.00 13. \$ **DECLARATION OF ESTIMATED TAX FOR 2017 TAX YEAR** THIS SECTION MUST BE COMPLETED IF AMOUNT DUE FOR TAX YEAR 2016 IS AT LEAST \$200.00 14. ESTIMATED TAXABLE INCOME FOR 2017 14. \$___ 15. ESTIMATED TAX DUE (Multiply line 14 by .02) 16. TAXES TO BE WITHHELD AND PAID TO ASHLAND 16. \$_____ 17. TAXES PAID TO OTHER CITIES (Limit of 1%) 17. \$_____ 18. \$____ 18. LESS OVERPAYMENT FROM 8B 19. TOTAL OF LINES 16. 17 AND 18 19. \$___ 20. NET ESTIMATED TAX DUE (Subtract line 19 from line 15) 21. AMOUNT DUE FOR FIRST QTR (Multiply line 20 by .225 only if line 20 is at least \$200.00; otherwise enter zero) 21. \$_____ 22. TOTAL AMOUNT DUE (Add lines 13 and 21) - PAY IN FULL WITH RETURN (DUE APRIL 18TH) 22. \$ *** FOR YOUR CONVENIENCE, PLEASE USE OUR WEBSITE: www.ashlandincometax.com *** I CERTIFY, TO THE BEST OF MY KNOWLEDGE, THAT THIS RETURN, SCHEDULES AND STATEMENTS ARE TRUE AND CORRECT. (Signature Required) Date ___ Taxpayer's Signature

_____ Date ____ Company Name__

* I (WE) AUTHORIZE THE INCOME TAX DEPT TO DISCUSS THIS RETURN AND ENCLOSURES WITH THE PREPARER ABOVE

INSTRUCTIONS

RESIDENCY STATUS: You must complete the residency status information.

NAME, ADDRESS, E-MAIL ADDRESS and PHONE NUMBER: Please make any changes on the form.

IDENTIFICATION NUMBERS: Enter Social Security Number of taxpayer and spouse.

LINE 1 - WAGES - Enter Medicare Wages located in Box 5 of W-2, include salaries and tips. If no wages appear in box 5 use the highest wages that appear on the W-2.*

*All copies of W-2's MUST be attached to the tax return.

LINE 2 - FEDERAL FORM 2106 Employee Business Expense

Enter amount of expense that is applicable to Ashland Taxable Income. COPIES OF FORM 2106 AND SCH A MUST BE ATTACHED. Line 27 from the Schedule A must be used.

LINE 3 - OTHER INCOME - Federal Schedules C, E, K-1, 1099 Misc, ALL Gambling & Lottery Winnings.

Note: Business or rental losses cannot offset W-2 wages. ALL SCHEDULES & TENANT ROSTER MUST BE ATTACHED.

LINE 4 - TOTAL TAXABLE INCOME - The sum of lines 1, 2 & 3.

LINE 5 - ASHLAND INCOME TAX - Multiply line 4 by 1.5% and enter that amount.

LINE 6 - CREDITS ALLOWABLE

- A. Ashland Income Tax withheld by employer(s)
- B. Taxes paid to other cities (1% of W-2 Box 18)
- C. Estimated taxes paid / Prior year overpayment
- D. Total credits (add A, B and C)
- **LINE 7 TAX DUE -** If line 5 is more than line 6D enter the difference. This is the amount of tax due. Any amount under \$10.00 is **not** payable.

LINE 8 - OVERPAYMENT

- A. If line 5 is less than 6D, enter the difference. This is the amount of overpayment.
- B. Enter the portion of line 8A that you would like applied to next year's return.
- C. Enter the portion of Line 8A that you would like refunded. Amounts under \$10.00 will **not** be refunded.

LINE 9 - INSUFFICIENT ESTIMATED TAXES PENALTY

If Line 7 is more than \$200.00 and is less than 90% of the previous year's tax due, you are subject to a penalty of 15% of taxes unpaid on the Declaration of Estimated Taxes.

- **LINE 10- INTEREST -** Interest will be added to any unpaid tax balance after April 18th. The interest rate is .5% per month.
- **LINE 11 LATE FILING PENALTY** If your return is filed after April 18th, you are subject to a penalty of \$25.00 per month or portion of a month it is late.
- LINE 12 TOTAL INTEREST AND PENALTIES Add Lines 9-11

LINE 13 - AMOUNT DUE

Add Line 7 and Line 12 and this will be the amount due for 2016.

DECLARATION OF ESTIMATED TAX

This section must be completed if amount due for tax year 2016 is at least \$200.00

- **LINE 14 -** Enter the total amount of income estimated to be earned in 2016.
- LINE 15 Multiply the estimated income by 2 % (.02)
- **LINE 16** Enter the amount of taxes estimated to be withheld by your employer for Ashland.
- **LINE 17 -** Enter the amount of taxes paid to other cities (Limit is 1% of wages with other city withholding).
- **LINE 18 -** Amount of overpayment applied from previous year (Line 8B).
- **LINE 19 -** Total of lines 16, 17 and 18.
- **LINE 20 -** Enter the amount of estimated tax due (Subtract Line 19 from Line 15).
- **LINE 21** Amount due for first quarter estimate (Multiply Line 18 by 22.5% (.225) only if line 20 is at least \$200.00; otherwise enter zero.)
- LINE 22 TOTAL AMOUNT OF TAXES DUE (Add Lines 13 & 21) BY APRIL 18TH.

MAKE CHECKS OR MONEY ORDERS PAYABLE TO:
ASHLAND MUNICIPAL INCOME TAX
218 LUTHER ST, ASHLAND, OH 44805
PH: (419) 289-0386 FAX: (419) 289-9225

MasterCard, Discover & VISA payments are offered in the office for a fee

CREDIT CARD INFORMATION FOR PAYMENT

Enjoy the convenience, flexibility and rewards of credit card payments.

American Express, MasterCard, Discover & VISA

Call 1-800-272-9829 or Visit: www.officialpayments.com