

FILING IS REQUIRED, EVEN IF NO TAX IS DUE EXTENSIONS DUE APRIL 18TH ALONG WITH PAYMENT

RESIDENT NON-RESIDENT

TAX OFFICE USE ONLY Total Paid with Return \$ CHECK #

IF YOU MOVED DURING THE TAX YEAR, PLEASE GIVE DATES: INTO ASHLAND / / OUT OF ASHLAND / /

NAME(S): TAXPAYER SOCIAL SEC. NO.

ADDRESS: SPOUSE SOCIAL SEC. NO.

E-MAIL ADDRESS:

PHONE NO. ACCOUNT 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) 1. \$
2. FEDERAL FORM 2106 DEDUCTIONS (USE LINE 27 FROM FEDERAL SCHEDULE A) (BOTH THE FORM 2106 AND FEDERAL SCHEDULE A MUST BE ATTACHED TO RECEIVE DEDUCTION) 2. \$
3. OTHER INCOME: Fed. Schedule C, E, K-1, 1099'S, FEES, COMMISSIONS, GAMBLING & MISCELLANEOUS (ATTACH ALL SCHEDULES AND TENANT ROSTERS) (1099RS ARE NOT TAXABLE TO THE CITY) 3. \$
4. TOTAL INCOME LINE 1 MINUS LINE 2 PLUS LINE 3 4. \$
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. TAX DUE (LINE 5 MINUS 6D) 7. \$
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) 15. \$
16. TAXES TO BE WITHHELD AND PAID TO ASHLAND 16. \$
17. TAXES PAID TO OTHER CITIES (Limit of 1%) 17. \$
18. LESS OVERPAYMENT FROM 8B 18. \$
19. TOTAL OF LINES 16, 17 AND 18 19. \$
20. NET ESTIMATED TAX DUE (Subtract line 19 from line 15) 20. \$
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)

Taxpayer's Signature Date Spouse's Signature Date Preparer's Signature Date Company Name Phone No

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

