| 2017 INDIVIDUAL | www.ashlandincometax.com ASHLAND CITY INCOME TAX RETURN | | | | 2017 INDIVIDUAL |
|---|--|-----------|-----------------------|--|--------------------|
| TAX OFFICE USE ONLY | FILING IS <u>REQUIRED,</u> EVEN IF NO TAX IS DUE EXTENSIONS DUE APRIL 17TH ALONG WITH PAYMENT | | | RESIDI | ENT NON-RESIDENT |
| Total Paid with Return \$ | | | | IF YOU MOV PLEASE GIV INTO ASHL/ | |
| СНЕСК # | | | | OUT OF ASH | |
| NAME(S): | | Т | AXPAYER SOCIAL SEC. | NO | |
| ADDRESS: | SPOUSE SOCIAL SEC. NO. | | | D | |
| PHONE NO. | | | | | ACCOUNT NO. |
| | EXEMPTION FORM: IF EXE | MPT- STC | P HERE, SIGN, DATE AI | ND 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) | | | | | 2. \$ |
| (BOTH THE FORM 2106 AND FEDERAL SCHEDULE A <u>MUST</u> BE ATTACHED TO RECEIVE DEDUCTION) | | | | | |
| 3. OTHER INCOME: Fed. Schedule C, E, K-1, 1099'S, FEES, COMMISSIONS, GAMBLING & MISCELLANEOUS 3. \$ | | | | | |
| • | ES CANNOT OFFSET W-2 WAGES) | BLE TO IF | IE CITY) | | |
| 4. TOTAL INCOME LINE 1 MINUS LINE 2 PLUS LINE 3 | | | | | 4. \$ |
| 5. ASHLAND INCOME TAX 2% OF LINE 4 (LINE 4 X .02) | | | | | 5. \$ |
| 6. A. ASHLAND INCOME TAX WITHHELD BY EMPLOYERS 6A. \$ | | | | | |
| B. TAXES PAID TO OTHER CITIES (LIMIT 1% OF BOX 18) | | | 3. \$ | | |
| C. ESTIMATED TAXES PAID / PRIOR YRS OVERPAYMENT | | | C. \$ | | |
| 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 2017 IF OVER \$199.99) 9. \$ | | | | | |
| 10. INTEREST (.5% OF TAX PER MONTH OR PORTION OF A MONTH OF LINE 7) | | | | - | 10. \$ |
| 11. LATE FILING PENALTY (\$25.00 PER MONTH OR PORTION OF A MONTH) (MAXIMUM \$150.00) | | | | | 11. \$ |
| 12. TOTAL INTEREST AND PENALTIES (ADD LINES 9-11) | | | | 12. \$ | |
| 13. AMOUNT DUE FOR 2017 No payment or refund for amount under | | | | | 13. \$ |
| DECLARATION OF ESTIMATED TAX FOR 2018 TAX YEAR THIS SECTION MUST BE COMPLETED IF AMOUNT DUE FOR TAX YEAR 2017 IS AT LEAST \$200.00 | | | | | |
| 14. ESTIMATED TAXABLE INC | OME FOR 2018 | 14 | 1. \$ | | |
| 15. ESTIMATED TAX DUE (Multiply line 14 by 2%) | | | 15. \$ | | |
| 16. TAXES TO BE WITHHELD AND PAID TO ASHLAND | | 16 | 5. \$ | | |
| 17. TAXES PAID TO OTHER CITIES (Limit of 1%) | | 17 | 7. \$ | | |
| 18. TOTAL OF LINES 16 & 17 18. \$ | | | | | |
| 19. NET ESTIMATED TAX DUE (Subtract line 18 from line 15) | | | | | 19. \$ |
| 20. FIRST QUARTER ESTIMATE (Multiply line 19 by 22.5%) 21. LESS OVERPAYMENT FROM 8B | | |). \$ | | |
| 21. LESS OVERPATMENT FROM 8B 22. AMOUNT DUE FOR 1ST QTR (Subtract line 21 from line 20) | | | l. \$ | | 22. \$ |
| | · · · | | | | |
| 23. TOTAL AMOUNT DUE (Add lines 13 and 22) - PAY IN FULL WITH RETURN (DUE APRIL 17TH) 23. \$ | | | | | |
| 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 | |
| | Date | | | | |
| | TAX DEPT TO DISCUSS THIS RETURN AND EN | | | | eck here |

INSTRUCTIONS

- **RESIDENCY STATUS:** You must complete the residency status information.
- NAME, 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, 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 2% 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 15th. The interest rate is .5% per month.
- LINE 11 LATE FILING PENALTY If your return is filed after April 17th, you are subject to a penalty of \$25.00 per month or portion of a month it is late. The maximum penalty is \$150.00.

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 2017.

DECLARATION OF ESTIMATED TAX This section must be completed if amount due for tax year 2017 is at least \$200.00

- **LINE 14 -** Enter the total amount of income estimated to be earned in 2018.
- 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 Total taxes paid to Ashland & other cities (Add Lines 16 & 17).
- LINE 19 Net Estimated Tax Due for 2018 (Subtract Line 18 from 15).
- LINE 20 First Quarter Estimate (Multiply Line 19 by 22.5%
- LINE 21 Amount from Line 8B

LINE 22 - Amount due for the First Quarter (Subtract Line 21 from 20).

LINE 22 - TOTAL AMOUNT OF TAXES DUE (Add Lines 13 & 22) BY APRIL 17TH.

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