

ASHLAND CITY INCOME TAX RETURN

TAX OFFICE USE ONLY
TOTAL PAID \$
CHECK #

FILING IS REQUIRED, EVEN IF NO TAX IS DUE

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

RESIDENT NON-RESIDENT

NAME(S): TAXPAYER SOCIAL SECURITY #

ADDRESS: SPOUSE SOCIAL SECURITY #

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 ON W-2 OR HIGHEST WAGE ON W-2) (ATTACH ALL W-2S) 1. \$
2. OTHER INCOME: Federal Schedule C, E, K-1, 1099s, GAMBLING & MISC 2. \$
3. NET OPERATING LOSS (SEE WORKSHEET A), IF ANY 3. \$-
4. ADJUSTED BUSINESS INCOME (LINE 2 MINUS LINE 3) 4. \$
5. TOTAL INCOME (LINE 1 PLUS LINE 4) 5. \$
6. ASHLAND INCOME TAX (2% OF LINE 5) 6. \$
7. A. ASHLAND INCOME TAX WITHHELD BY EMPLOYERS 7A. \$
B. TAXES PAID TO OTHER CITIES (LIMIT 1% OF BOX 18) 7B. \$
C. ESTIMATED TAXES PAID / PRIOR YRS OVERPAYMENT 7C. \$
D. TOTAL CREDITS (ADD A, B AND C) - 7D. \$
8. TAX DUE (LINE 6 MINUS 7D) 8. \$
9. A. OVERPAYMENT CLAIMED IF LINE 8 IS NEGATIVE 9A. \$
B. ENTER AMT OF LINE 8 YOU WANT APPLIED TO NEXT YR 9B. \$
C. ENTER AMT OF LINE 8 YOU WANT REFUNDED 9C. \$
10. INSUFFICIENT ESTIMATED TAXES PAID PENALTY (15% OF ESTIMATES UNPAID FOR 2018) 10. \$
11. INTEREST (.58% PER MONTH OF LINE 8) 11. \$
12. LATE FILING PENALTY (\$25 PER MONTH UP TO A MAXIMUM OF \$150) 12. \$
13. TOTAL INTEREST AND PENALTIES (ADD LINES 10-12) 13. \$
14. AMOUNT DUE FOR 2018 No payment or refund for amount under \$10.00 14. \$

DECLARATION OF ESTIMATED TAX FOR 2019 TAX YEAR

THIS SECTION MUST BE COMPLETED IF AMOUNT FOR TAX YEAR 2018 IS AT LEAST \$200.00

- 15. ESTIMATED TAXABLE INCOME FOR 2019 15. \$
16. ESTIMATED TAX DUE (MULTIPLY LINE 15 BY 2%) 16. \$
17. TAXES TO BE WITHHELD & PAID TO ASHLAND 17. \$
18. TAXES PAID TO OTHER CITIES (LIMIT OF 1%) 18. \$
19. TOTAL OF LINES 17 & 18 19. \$
20. NET ESTIMATED TAX DUE (LINE 16 MINUS LINE 19) 20. \$
21. FIRST QUARTER ESTIMATE (MULTIPLY LINE 20 BY 22.5%) 21. \$
22. LESS OVERPAYMENT FROM 9B 22. \$
23. AMOUNT DUE FOR FIRST QUARTER (LINE 21 MINUS LINE 22) 23. \$
24. TOTAL AMOUNT DUE ( ADD LINES 14 & 23) - PAY IN FULL WITH RETURN 24. \$

I CERTIFY, TO THE BEST OF MY KNOWLEDGE, THAT THIS RETURN, SCHEDULES & STATEMENTS ARE TRUE & 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 & ENCLOSURES WITH THE PREPARER ABOVE Check Here

WORKSHEET A						
	2017	2018	2019	2020	2021	2022
NOL Carryforward						
50% of NOL						
Loss Used This Year (Limit 50%)						
NoI Available for Next Year						

### 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 - OTHER INCOME** - Federal Schedules C, E, K-1, 1099 Misc, Gambling & Lottery Winnings.\*\*

**Business or rental losses cannot offset W-2 wages.**

**\*\* All Schedules & Tenant Roster must be attached to the tax return.**

**LINE 3 - NET OPERATING LOSS** - See Worksheet A

**LINE 4 - ADJUSTED BUSINESS INCOME** - Line 3 minus Line 2.

**LINE 5 - TOTAL INCOME** - Line 1 plus Line 4, if Line 4 is positive. If Line 4 is negative, carry down Line 1.

**LINE 6 - ASHLAND TAXABLE INCOME** - Multiply Line 5 by 2% and enter that amount.

**LINE 7 - ALLOWABLE CREDITS**

- A. Ashland Income Tax withheld by employer(s)
- B. Taxes paid to other cities (Limit of 1% of W-2 Box 18 paid to cities other than Ashland)(This credit is for residents only)
- C. Estimated taxes paid / Prior year overpayment
- D. Total credits (Add A, B and C)

**LINE 8 - TAX DUE** - If Line 5 is more than Line 7D, enter the difference. This is the amount of tax due. Amounts under \$10.00 are **not** payable.

**LINE 9 - OVERPAYMENT**

- A. If Line 6 is less than 7D, enter the difference. This is the amount of the overpayment.
- B. Enter the portion of 9A that you would like applied to next year's return.
- C. Enter the portion of 9A that you would like refunded. Amounts under \$10.00 will **not** be refunded.

**LINE 10 - INSUFFICIENT ESTIMATED TAXES PAID PENALTY** - If Line 8 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 11 - INTEREST** - Interest will be added to any unpaid tax balance after April 15th. The interest rate is .58% per month.

**LINE 12 - LATE FILING PENALTY** - If your return is filed after April 15th, you are subject to a penalty of \$25.00 per month it is late. The maximum penalty is \$150.00.

**LINE 13 - TOTAL INTEREST AND PENALTIES** - Add Lines 10-12.

**LINE 14 - AMOUNT DUE** - Add Line 8 and Line 13 and this will be the amount due for 2018.

### DECLARATION OF ESTIMATED TAX

**This section must be completed if amount due for tax year 2018 is at least \$200.00**

**LINE 15** - Enter the total amount of income estimated to be earned in 2019.

**LINE 16** - Multiply the estimated income by 2% (.02).

**LINE 17** - Enter the amount of taxes estimated to be withheld by your employer for Ashland.

**LINE 18** - Enter the amount of taxes paid to other cities ( Limit is 1% of wages with other city withholding).

**LINE 19** - Total taxes paid to Ashland & other cities ( Add Lines 17 & 18).

**LINE 20** - Net estimated tax due for 2019 (Subtract Line 19 from 16).

**LINE 21** - First quarter estimate ( Multiply Line 20 by 22.5%).

**LINE 22** - Amount from Line 9B.

**LINE 23** - Amount due for the first quarter (Subtract Line 22 from Line 21).

**LINE 24 - TOTAL AMOUNT OF TAXES DUE (Add Lines 14 & 23) BY APRIL 15TH.**

**MAKE CHECKS OR MONEY ORDERS PAYABLE TO:**

**CITY OF ASHLAND INCOME TAX**

**218 LUTHER ST, ASHLAND, OH 44805**

**PH: (419) 289-0386 FAX: (419) 289-9225**