

2020  
INDIVIDUAL

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INDIVIDUAL

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<br>(ATTACH ALL SCHEDULES & TENANT ROSTERS) (1099RS ARE NOT TAXABLE)<br>(BUSINESS OR RENTAL LOSSES CANNOT OFFSET W-2 WAGES) | 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 2020)   | 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 2020  | 14. \$ _____   |

No payment or refund for amount under \$10.00

**DECLARATION OF ESTIMATED TAX FOR 2021 TAX YEAR**

**THIS SECTION MUST BE COMPLETED IF AMOUNT FOR TAX YEAR 2020 IS AT LEAST \$200.00**

- |   |              |
|---|--------------|
| 15. ESTIMATED TAXABLE INCOME FOR 2021                               | 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%)						
NOL 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, 1099s, 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 2020.

### DECLARATION OF ESTIMATED TAX

**This section must be completed if amount due for tax year 2020 is at least \$200.00**

**LINE 15** - Enter the total amount of income estimated to be earned in 2021.

**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 2021 (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**