2022	22 www.ashlandincometax.com						
INDIVIDUAL	ASHLAND C TAX R	INDIVIDUAL					
	FILING IS <u>REQUIRED</u> ,	IF YOU MOVED DURING THE TAX YEAR, GIVE DATES:					
TOTAL PAID \$ CHECK #	RESIDENT NON-RESIDENT		INTO ASHLAND / / OUT OF ASHLAND / /				
NAME(S):			•				
	TAXPAYER SOCIAL SECURITY #						
ADDRESS:		SPOUSE SOCIAL SECURI	ITY #				
PHONE NO:	EMAIL		ACCOUNT NO.				
	EMPTION FORM: IF EXEMPT						
UNEMPLOYED UNDER 18 YRS OF AGE - BIR1	□ RETIRED THDATE:	□ ACTIVE MILITA	RY				
1. WAGES, SALARIES & TIPS (BO)			1. \$				
2. OTHER INCOME: Federal Sched	2. \$						
(ATTACH ALL SCHEDULES & TENAN (BUSINESS OR RENTAL LOSSES CA		XABLE)					
3. NET OPERATING LOSS (SEE WO			3. \$				
4. ADJUSTED BUSINESS INCOME	4. \$						
5. TOTAL INCOME (LINE 1 PLUS LIN			5. \$				
6. ASHLAND INCOME TAX (2% OF		6. \$					
7. A. ASHLAND INCOME TAX WITH	HELD BY EMPLOYERS	7A. \$					
<b>B. TAXES PAID TO OTHER CITIE</b>	· · · · · · · · · · · · · · · · · · ·	7B. \$					
C. ESTIMATED TAXES PAID / PR		7C. \$					
D. TOTAL CREDITS (ADD A, E	B AND C)	7D. \$					
8. TAX DUE (LINE 6 MINUS 7D)			8. \$				
9. A. OVERPAYMENT CLAIMED IF		9A. \$ 9B. \$					
B. ENTER AMT OF LINE 8 YOU V							
C. ENTER AMT OF LINE 8 YOU		9C. \$	40.				
10. INSUFFICIENT ESTIMATED TA	10. \$						
11. INTEREST (.42% PER MONTH OF 12. LATE FILING PENALTY (\$25 PE	11. \$						
13. TOTAL INTEREST AND PENAL	12. \$						
14. AMOUNT DUE FOR 2022		for amount under \$10.00	13. \$ 14. \$				
	DECLARATION OF ESTIMA						
THIS SECTION	MUST BE COMPLETED IF AMOU						
15. ESTIMATED TAXABLE INCOM		15. \$					
16. ESTIMATED TAX DUE (MULTIPL		16. \$					
17. TAXES TO BE WITHHELD & PA	•	17. \$	-				
18. TAXES PAID TO OTHER CITIES		18. \$					
19. TOTAL OF LINES 17 & 18	. ,	19. \$					
20. NET ESTIMATED TAX DUE (LIN	IE 16 MINUS LINE 19)		20. \$				
21. FIRST QUARTER ESTIMATE (M	IULTIPY LINE 20 BY 22.5%)	21. \$					
22. LESS OVERPAYMENT FROM 9		22. \$					
23. AMOUNT DUE FOR FIRST QUA	23. \$						
24. TOTAL AMOUNT DUE ( ADD	LINES 14 & 23) - PAY IN FULL	WITH RETURN	24. \$				
			RUE & CORRECT. (Signature(s) 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, PHONE NUMBER and EMAIL: 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 18th. The interest rate is .42% per month.

LINE 12 - LATE FILING PENALTY - If your return is filed after April 18th, 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 2022.

## **DECLARATION OF ESTIMATED TAX**

## This section must be completed if amount due for tax year 2022 is at least \$200.00

LINE 15 - Enter the total amount of income estimated to be earned in 2023.

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

 $\ensuremath{\text{LINE}}$  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 2023 (Subtract Line 19 from 16).

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

LINE 22 - Amount from Line 9B.

 $\ensuremath{\text{LINE 23}}$  - 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 18TH.

MAKE CHECKS OR MONEY ORDERS PAYABLE TO: CITY OF ASHLAND FINANCE DIVISION 218 LUTHER ST, ASHLAND, OH 44805 PH: (419) 289-0386 FAX: (419) 289-9225

Pay Online at: OfficialPayments.Com