

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: EMAIL: ACCOUNT NO.

EXEMPTION FORM: IF EXEMPT - STOP HERE, SIGN, DATE & 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)
2. OTHER INCOME: Federal Schedule C, E, K-1, 1099s, GAMBLING & MISC
3. NET OPERATING LOSS (SEE WORKSHEET A), IF ANY
4. ADJUSTED BUSINESS INCOME (LINE 2 MINUS LINE 3)
5. TOTAL INCOME (LINE 1 PLUS LINE 4)
6. ASHLAND INCOME TAX (2% OF LINE 5)
7A. ASHLAND INCOME TAX WITHHELD BY EMPLOYERS
7B. TAXES PAID TO OTHER CITIES (LIMIT 1% OF BOX 18)
7C. ESTIMATED TAXES PAID / PRIOR YRS OVERPAYMENT
7D. TOTAL CREDITS (ADD A, B AND C)
8. TAX DUE (LINE 6 MINUS 7D)
9A. OVERPAYMENT CLAIMED IF LINE 8 IS NEGATIVE
9B. ENTER AMT OF LINE 8 YOU WANT APPLIED TO NEXT YR
9C. ENTER AMT OF LINE 8 YOU WANT REFUNDED
10. INSUFFICIENT ESTIMATED TAXES PAID PENALTY (15% OF ESTIMATES UNPAID FOR 2024)
11. INTEREST (.83% PER MONTH OF LINE 8)
12. LATE FILING PENALTY (\$25.00)
13. TOTAL INTEREST AND PENALTIES (ADD LINES 10-12)
14. AMOUNT DUE FOR 2024

DECLARATION OF ESTIMATED TAX FOR 2025 TAX YEAR

THIS SECTION MUST BE COMPLETED IF THE AMOUNT FOR TAX YEAR 2024 IS AT LEAST \$200.00

- 15. ESTIMATED TAXABLE INCOME FOR 2025
16. ESTIMATED TAX DUE (MULTIPLY LINE 15 BY 2%)
17. TAXES TO BE WITHHELD & PAID TO ASHLAND
18. TAXES PAID TO OTHER CITIES (LIMIT OF 1%)
19. TOTAL OF LINES 17 & 18
20. NET ESTIMATED TAX DUE (LINE 16 MINUS LINE 19)
21. FIRST QUARTER ESTIMATE (MULTIPLY LINE 20 BY 22.5%)
22. LESS OVERPAYMENT FROM 9B
23. AMOUNT DUE FOR FIRST QUARTER (LINE 21 MINUS LINE 22)
24. TOTAL AMOUNT DUE (ADD LINES 14 & 23) - PAY IN FULL WITH RETURN

I CERTIFY, TO THE BEST OF MY KNOWLEDGE, THAT THIS RETURN, SCHEDULES & STATEMENTS ARE TRUE & 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						
	2019	2020	2021	2022	2023	2024
NOL Carryforward						
Loss Used This Year						
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 2 minus Line 3.

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 6 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 .83% per month.

LINE 12 - LATE FILING PENALTY - If your return is filed after April 15th, you are subject to a penalty of \$25.00

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 2024.

DECLARATION OF ESTIMATED TAX

This section must be completed if amount due for tax year 2024 is at least \$200.00

LINE 15 - Enter the total amount of income estimated to be earned in 2025.

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 2024 (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 FINANCE DIVISION

218 LUTHER ST, ASHLAND, OH 44805

PH: (419) 289-0386 EMAIL: INCOMETAX@ASHLAND-OHIO.COM

Pay Online at: ashlandincometax.com