

**ASHLAND CITY INCOME TAX**

TAX OFFICE USE ONLY	
TOTAL TAX LIABILITY	_____
TOTAL TAX PAID W/RETURN	_____
CHECK #	_____

CALENDAR YEAR \_\_\_\_\_ FISCAL YEAR \_\_\_\_\_

DUE APRIL 15TH OR THE 15TH DAY OF THE 4TH MONTH AFTER FISCAL YEAR END.

FILING IS REQUIRED, EVEN IF NO TAX IS DUE.

NAME: \_\_\_\_\_ BUSINESS/FEDERAL ID NO \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_

- 1. ALL INCOME FROM FEDERAL RETURN 1065,1120, 1120S & 1041 AND/OR FEDERAL RETURN SCHEDULE E & K (PLEASE ATTACH ALL RETURNS & SCHEDULES) 1. \$ \_\_\_\_\_
- 2. ADJUSTMENTS (plus or minus line 16 SCHEDULE X) 2. \$ \_\_\_\_\_
- 3. TAXABLE INCOME (Line 1 plus or minus Line 2) 3. \$ \_\_\_\_\_
- 4. PERCENTAGE ALLOCATION TO ASHLAND (See Schedule Y Step 5.) 4. \$ \_\_\_\_\_ %
- 5. ASHLAND TAXABLE INCOME (Multiply line 3 by line 4) 5. \$ \_\_\_\_\_
- 6. ASHLAND INCOME TAX 1.5% OF LINE 5 (LINE 5 X .015) 6. \$ \_\_\_\_\_
- 7.A. ESTIMATED TAX PAID 7A. \$ \_\_\_\_\_
- B. PRIOR YEAR CREDIT (IF APPLICABLE) 7B. \$ \_\_\_\_\_
- C. TOTAL CREDITS (ADD A & B) 7C. \$ \_\_\_\_\_
- 8. TAX DUE (LINE 6 MINUS 7C) 8. \$ \_\_\_\_\_
- 9. A. OVERPAYMENT IF LINE 8 IS MINUS 9A. \$ \_\_\_\_\_
- B. ENTER AMT OF LINE 7 YOU WANT TO BE REFUNDED 9B. \$ \_\_\_\_\_
- C. ENTER AMT OF LINE 7 YOU WANT TO BE REFUNDED 9C. \$ \_\_\_\_\_
- 10. INTEREST (1.5% PER MONTH OF TAX DUE ON LINE 8) 10. \$ \_\_\_\_\_
- 11. LATE FILING PENALTY (\$25.00) AND/OR NON PAYMENT PENALTY (\$25.00) 11. \$ \_\_\_\_\_
- NO PAYMENT OR REFUND FOR AMOUNT UNDER \$5.00**
- 12. AMOUNT DUE - PAY IN FULL WITH RETURN BY FILING DEADLINE 12. \$ \_\_\_\_\_

**DECLARATION OF ESTIMATED TAX FOR 2015 TAX YEAR**

Complete this section if amount due in 2014 is over \$100.00

- 13. ESTIMATED TAXABLE INCOME 13. \$ \_\_\_\_\_
- 14. ESTIMATED TAX DUE (Mutiply line 13 by 1.5%) 14. \$ \_\_\_\_\_
- 15. LESS OVERPAYMENTS FROM 9B 15. \$ \_\_\_\_\_
- 16. NET ESTIMATED TAX DUE (Subtract line 15 from line 14) 16. \$ \_\_\_\_\_
- 17. MINIMUM AMOUNT DUE FOR FIRST QTR (Multiply line 16 by .25) 17. \$ \_\_\_\_\_
- 18. TOTAL AMOUNT DUE (Add lines 12 and 17) 18. \$ \_\_\_\_\_

**\*\*\*FOR YOUR CONVENIENCE, PLEASE USE OUR WEBSITE: [www.ashlandincometax.com](http://www.ashlandincometax.com)\*\*\***

Taxpayer's/ Statutory Agent Signature \_\_\_\_\_ Date \_\_\_\_\_

Preparer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Company Name \_\_\_\_\_ Phone No. \_\_\_\_\_

I (WE) AUTHORIZE THE INCOME TAX DEPT TO DISCUSS THIS RETURN AND ENCLOSURES WITH THE PREPARER ABOVE. CHECK HERE \_\_\_\_\_

**\*SCHEDULE X AND SCHEDULE Y ARE LOCATED ON BACK PAGE\***

**MAKE CHECK OR MONEY ORDER PAYABLE TO:**

ASHLAND MUNICIPAL INCOME TAX  
218 LUTHER ST, ASHLAND OH 44805  
PH: 419-289-0386 FAX: 419-289-9225

**CREDIT CARD INFORMATION FOR PAYMENT**

American Express, Master Card, Discover & VISA  
Call 1-800-272-9829 or Visit  
[www.officialpayments.com](http://www.officialpayments.com)

**SCHEDULE X - RECONCILIATION WITH FEDERAL INCOME TAX RETURN**

ITEMS NOT DEDUCTIBLE	<u>ADD</u>
(19A) Capital Losses (Excluding Ordinary Losses)	\$ _____
(19B) Expenses incurred in the production of non-taxable income	_____
(19C) Taxes based on income	_____
ITEMS NOT TAXABLE	<u>DEDUCT</u>
(19D) Other expenses not deductible (Federally Deferred)	_____
(19E) Total Lines (16A) through (16D)	_____
(19F) Capital gains (Excluding Ordinary Gains)	_____
(19G) Interest Income	_____
(19H) Dividends	_____
(19I) Other	_____
(19J) Total Lines 19F through 19I	_____
(19K) Subtract line 19J from 19E (Carry forward to line 2)	19. \$ _____

**SCHEDULE Y - BUSINESS ALLOCATION FORMULA**

	a. LOCATED EVERYWHERE	b. LOCATED IN ASHLAND	c. PERCENTAGE (b ÷ a)
STEP 1A. AVG VALUE OF REAL & TANG. PERSONAL PROPERTY	_____	_____	
STEP 1B. GROSS ANNUAL RENTALS PAID MULTIPLIED BY 8	_____	_____	
TOTAL STEP 1A & 1B	_____	_____	_____ %
STEP 2. GROSS RECEIPTS FROM SALES MADE AND/OR SERVICES PERFORMED	_____	_____	_____ %
STEP 3. WAGES, SALARIES AND OTHER COMPESATION PAID	_____	_____	_____ %
STEP 4. TOTAL PERCENTAGES			_____ %
STEP 5. AVERAGE PERCENTAGE (Carry forward to line 4)			

**INSTRUCTIONS**

**NAME AND ADDRESS** - Please make any changes to address

**IDENTIFICATION NUMBER** - Enter you federal identification number

**LINE 1 - ALL INCOME** - Federal Schedules and/or  
Federal Returns E, K-1, 1120, 1120S & 1041.

**LINE 2 - ADJUSTMENTS** - Combine the total of "not deductible"  
items and "not taxable items" from Schedule X.

**LINE 3 - TAXABLE INCOME BEFORE SCHEDULE Y ALLOCATION**

**LINE 4 - ALLOCATION PERCENTAGE** - per schedule Y step 5.

**LINE 5 - ASHLAND INCOME TAX** - Multiply line 3 by line 4.

**LINE 6 - ASHLAND INCOME TAX 1.5% OF LINE 5.**

**LINE 7 - CREDITS ALLOWABLE**

- A. Estimated tax payments paid to Ashland.
- B. Overpayment from prior year.
- C. Total lines 7A and 7B. This is the amount of available credit.

**LINE 8 - TAX DUE** - If line 6 is more than 7C, enter the difference.  
This is the amount of tax due.  
Amounts under \$5.00 are **not** payable.

**LINE 9 - OVERPAYMENT**

- A. If line 6 is less than 7C, enter the difference. This is the amount of overpayment.
- B. Enter the portion of line of line 9A that you would like applied to next year's return.
- C. Enter the portion of 9A that you would like refunded.  
Amounts under \$5.00 will **not** be refunded

**LINE 10 - INTEREST** - Interest will be assessed on any unpaid tax balance. The interest rate is 1.5% per month.

**LINE 11 - PENALTIES** - If your return is filed after the filing deadline, you are subject to a \$25.00 penalty. If you do not send payment, you are subject to a \$25.00 nonpayment penalty.

**Line 12 - TOTAL TAX DUE BY FILING DEADLINE**

Add lines 8, 10 and 11.

**DECLARATION OF ESTIMATED TAX**

**Line 13 - 17 - SELF EXPLANATORY**

Complete this section only if the amount of tax due is over \$100.00

**LINE 18 - TOTAL BALANCE DUE BY FILING DEADLINE**