

[www.ashlandincometax.com](http://www.ashlandincometax.com)  
**ASHLAND CITY INCOME TAX RETURN**

**2015  
INDIVIDUAL**

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

FILING IS REQUIRED, EVEN IF NO TAX IS DUE  
EXTENSIONS DUE APRIL 18TH ALONG WITH PAYMENT

IF YOU RENT, PLEASE GIVE  
LANDLORD INFORMATION:

\_\_\_\_ RESIDENT      \_\_\_\_ NON-RESIDENT  
IF YOU MOVED DURING THE TAX YEAR GIVE DATES  
INTO / /      OUT OF / /

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

NAME(S): \_\_\_\_\_ TAXPAYER SOCIAL SEC. NO. \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ SPOUSE SOCIAL SEC. NO. \_\_\_\_\_  
**E-MAIL ADDRESS:** \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_  
PHONE 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 OF W-2 OR HIGHEST WAGE ON W-2) (ATTACH ALL W-2S) 1. \$ \_\_\_\_\_  
2. FEDERAL FORM 2106 DEDUCTIONS (USE LINE 27 FROM FEDERAL SCHEDULE A) 2. \$ - \_\_\_\_\_  
(BOTH THE FORM 2106 AND FEDERAL SCHEDULE A MUST BE ATTACHED TO RECEIVE DEDUCTION)  
3. OTHER INCOME: Fed. Schedule C, E, K-1, 1099'S, FEES, COMMISSIONS, GAMBLING & MISCELLANEOUS 3. \$ \_\_\_\_\_  
(ATTACH ALL SCHEDULES AND TENANT ROSTERS) (1099RS ARE NOT TAXABLE TO THE CITY)  
4. TOTAL INCOME LINE 1 MINUS LINE 2 PLUS LINE 3 4. \$ \_\_\_\_\_  
5. ASHLAND INCOME TAX 1.5% OF LINE 4 (LINE 4 X .015) 5. \$ \_\_\_\_\_  
6. A. ASHLAND INCOME TAX WITHHELD BY EMPLOYERS 6A. \$ \_\_\_\_\_  
B. TAXES PAID TO OTHER CITIES (LIMIT 1% OF BOX 18) 6B. \$ \_\_\_\_\_  
C. ESTIMATED TAXES PAID / PRIOR YRS OVERPAYMENT 6C. \$ \_\_\_\_\_  
D. TOTAL CREDITS (ADD A, B AND C) - 6D. \$ \_\_\_\_\_  
7. TAX DUE (LINE 5 MINUS 6D) 7. \$ \_\_\_\_\_  
8. A. OVERPAYMENT CLAIMED IF LINE 7 IS NEGATIVE 8A. \$ \_\_\_\_\_  
B. ENTER AMT OF LINE 7 YOU WANT APPLIED TO NEXT YR 8B. \$ \_\_\_\_\_  
C. ENTER AMT OF LINE 7 YOU WANT REFUNDED 8C. \$ \_\_\_\_\_  
9. INTEREST (1.5% OF TAX PER MONTH OR PORTION OF A MONTH ON LINE 7) 9. \$ \_\_\_\_\_  
10. LATE FILING PENALTY (\$25.00) 10. \$ \_\_\_\_\_  
No payment or refund for amount under \$5.00  
11. AMOUNT DUE 11. \$ \_\_\_\_\_

**DECLARATION OF ESTIMATED TAX FOR 2016 TAX YEAR**  
THIS SECTION MUST BE COMPLETED IF AMOUNT DUE IN 2015 IS OVER \$200.00

12. ESTIMATED TAXABLE INCOME 12. \$ \_\_\_\_\_  
13. ESTIMATED TAX DUE (Multiply line 12 by .015) 13. \$ \_\_\_\_\_  
14. TAXES TO BE WITHHELD AND PAID TO ASHLAND 14. \$ \_\_\_\_\_  
15. TAXES PAID TO OTHER CITIES (Limit of 1%) 15. \$ \_\_\_\_\_  
16. LESS OVERPAYMENT FROM 8B 16. \$ \_\_\_\_\_  
17. TOTAL OF LINES 14, 15 AND 16 17. \$ \_\_\_\_\_  
18. NET ESTIMATED TAX DUE (Subtract line 17 from line 13) 18. \$ \_\_\_\_\_  
19. AMOUNT DUE FOR FIRST QTR (Multiply line 18 by .225) 19. \$ \_\_\_\_\_  
20. TOTAL AMOUNT DUE (Add lines 11 and 19) - PAY IN FULL WITH RETURN (DUE APRIL 18TH) 20. \$ \_\_\_\_\_

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

I CERTIFY, TO THE BEST OF MY KNOWLEDGE, THAT THIS RETURN, SCHEDULES AND STATEMENTS ARE TRUE AND 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 AND ENCLOSURES WITH THE PREPARER ABOVE Check here \_\_\_\_\_

