				2015
		E TAX RETURN		INDIVIDUAL
TAX OFFICE USE ONLY TOTAL TAX FILING IS REQUIRED, EVEN II		NO TAX IS DUE		IF YOU RENT, PLEASE GIVE
	EXTENSIONS DUE APRIL 18TH AL			LANDLORD INFORMATION:
TOTAL TAX	TAL TAX		NAME:	
		NON-RESIDENT		
CHECK #	IF YOU MOVED DURING THE TAX INTO / / OUT	OF / /	ADDRESS:	<u></u>
NAME (S).			SEC NO	
NAME(S):	TAXPAYER SOCIAL SEC. NO			
ADDRESS:		SPOUSE SOCIAL S	EC. NO	
E-MAIL ADDRESS:				ACCOUNT NO.
PHONE NO.				A000011110.
	EXEMPTION FORM: IF EX	EMPT- STOP HERE, SIGN, D	ATE AND MAIL	
UNEMPLOYED	RETIRED		ARY	
UNDER 18 YRS OF AG	GE- BIRTHDATE:	OTHER:		
1. WAGES, SALARIES & TIPS	(BOX <u>5</u> OF W-2 OR HIGHEST WAGE ON	W-2) (ATTACH ALL W-2S)		1. \$
	UCTIONS (USE LINE 27 FROM FEDERAL			2. \$
(BOTH THE FORM 2106 AND FE	EDERAL SCHEDULE A MUST BE ATTACHED	TO RECEIVE DEDUCTION)		
	edule C, E, K-1, 1099'S, FEES, COMMISS		LANEOUS	3. \$
	ID TENANT ROSTERS) (1099RS ARE NOT TA)	XABLE TO THE CITY)		
4. TOTAL INCOME LINE 1 MII 5. ASHLAND INCOME TAX 1.5				4. \$ 5. \$
6. A. ASHLAND INCOME TAX 1.	6A. \$		5. \$	
	CITIES (LIMIT 1% OF BOX 18)	6B. \$		
	D / PRIOR YRS OVERPAYMENT	6C. \$		
D. TOTAL CREDITS (ADD A,		- 6D. \$		
7. TAX DUE (LINE 5 MINUS 6D)				7. \$
8. A. OVERPAYMENT CLAIME	ED IF LINE 7 IS NEGATIVE	8A. \$		
B. ENTER AMT OF LINE 7 Y	OU WANT APPLIED TO NEXT YR	8B. \$		
C. ENTER AMT OF LINE 7 Y	OU WANT REFUNDED	8C. \$		
•	R MONTH OR PORTION OF A MONTH ON LIN	IE 7)		9. \$
10. LATE FILING PENALTY (\$2	,	und for amount under \$5.0	0	10. \$
11. AMOUNT DUE			<u> </u>	11. \$
	DECLARATION OF ES	TIMATED TAX FOR 2016 1 ETED IF AMOUNT DUE IN 20		00
12. ESTIMATED TAXABLE INC		12. \$	• • •	
13. ESTIMATED TAX DUE (Mul		· - · •		13. \$
14. TAXES TO BE WITHHELD AND PAID TO ASHLAND		14. \$		
15. TAXES PAID TO OTHER C	ITIES (Limit of 1%)	15. \$		
16. LESS OVERPAYMENT FRO	OM 8B	16. \$		
17. TOTAL OF LINES 14, 15 A	ND 16	17. \$		
18. NET ESTIMATED TAX DUE	E (Subtract line 17 from line 13)			18. \$
19. AMOUNT DUE FOR FIRST QTR (Multiply line 18 by .225)				19. \$
	UE (Add lines 11 and 19) - PAY			20. \$
	** FOR YOUR CONVENIENCE, PLEAS			
I CERTIFY, TO THE BEST OF	MY KNOWLEDGE, THAT THIS RETURN	I, SCHEDULES AND STATEM	ENTS ARE TRUE	AND CORRECT. (Signature Required)
Taxpayer's Signature			Date	
Spouse's Signature			Date	
Preparer's Signature	Date	Company Name		Phone No
	TAX DEPT TO DISCUSS THIS RETURN AND			

INSTRUCTIONS

- **RESIDENCY STATUS:** You must complete the residency status information.
- **NAME, ADDRESS, E-MAIL 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 - FEDERAL FORM 2106 Employee Business Expense Enter amount of expense that is applicable to Ashland Taxable Income. COPIES OF FORM 2106 AND SCH A MUST BE ATTACHED. Line 27 from the Schedule A must be used.

LINE 3 - OTHER INCOME - Federal Schedules C, E, K-1, 1099 Misc, Gambling & Lottery Winnings.

Note: Business or rental losses cannot off set W-2 wages. ALL SCHEDULES & TENANT ROSTER MUST BE ATTACHED.

- LINE 4 TOTAL TAXABLE INCOME The sum of lines 1, 2 & 3.
- LINE 5 ASHLAND INCOME TAX Multiply line 4 by 1.5% and enter that amount.

LINE 6 - CREDITS ALLOWABLE

- A. Ashland Income Tax withheld by employer(s)
- B. Taxes paid to other cities (1% of W-2 Box 18)
- C. Estimated taxes paid / Prior year overpayment
- D. Total credits (add A, B and C)
- Line 7 TAX DUE If line 5 is more than line 6D enter the difference. This is the amount of tax due. Any amount under \$5.00 is **not** payable.

LINE 8 - OVERPAYMENT

- A. If line 5 is less than 6D, enter the difference. This is the amount of overpayment.
- B. Enter the portion of line 8A that you would like applied to next year's return.
- C. Enter the portion of line 8A that you would like refunded. Amounts under \$5.00 will **not** be refunded.
- LINE 9 INTEREST Interest will be added on any unpaid tax balance after April 18th. The interest rate in 1.5% per month.

LINE 10 - PENALTIES - If your return is filed after April 18th, you are subject to a \$25.00 Late Filing Penalty. If no payments are made towards taxes due on or before April 18th, you are subject to a \$25.00 Non-payment Penalty.

LINE 11 - AMOUNT DUE

Before April 18th this line is the same as line 7. After April 18th, add lines 7, 9 and 10.

DECLARATION OF ESTIMATED TAX

This section must be completed if amount due in 2015 is over \$200.00

- **LINE 12 -** Enter the total amount of income estimated to be earned in 2016.
- LINE 13 Multiply the estimated income by 1.5% (.015)
- **LINE 14 -** Enter the amount of taxes estimated to be withheld by your employer for Ashland.
- **LINE 15 -** Enter the amount of taxes paid to other cities (Limit is 1% of wages with other city withholding).
- LINE 16 Amount of overpayment applied from previous year (Line 8B).
- LINE 17 Total of lines 14, 15 and 16.
- **LINE 18** Enter the amount of estimated tax due (Subtract Line 17 from Line 13).
- LINE 19 Amount due for first quarter estimate (Multiply Line 18 by .225).

LINE 20 - TOTAL AMOUNT OF TAXES DUE (Add Lines 11 & 19) BY APRIL 18TH.

MAKE CHECKS OR MONEY ORDERS PAYABLE TO: ASHLAND MUNICIPAL INCOME TAX 218 LUTHER ST, ASHLAND, OH 44805 PH: (419) 289-0386 FAX: (419) 289-9225

MasterCard, Discover & VISA payments are offered in the office for a fee

CREDIT CARD INFORMATION FOR PAYMENT Enjoy the convenience, flexibility and rewards of credit card payments. American Express, MasterCard, Discover & VISA Call 1-800-272-9829 or Visit: www.officialpayments.com