



Last Name

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First Name

## CITY OF MIAMISBURG / AUSTIN CENTER JEDD 2020 INDIVIDUAL INCOME TAX RETURN

Initial

City of Miamisburg Income Tax Dept. 10 N. First St., Miamisburg OH 45342

April 15, 2021 http://www.ci.miamisburg.oh.us/

Social Security Number

Due on or before

Account Number

If married filing join	t, enter Spouse's Last Name First Name	Initial	Spouse's Social Security N	umber
Present Address #	Street	Apt.	☐ Yes ☐ No – If no, refe	
City	State	Zip Code	indicate why you were r	not required to file:
FILING	_	Married filing separate return. Enter spouse's s	ocial security number:	
STATUS	☐ Married filing joint return (even if only 1 had income)	ouse's full name:		
	☐ Resident ☐ Non-Resident ☐	Partial Year Resident please indicate below:		
RESIDENCY STATUS	DATE MOVED IN:	DATE MOVED OUT:		
	Former Address:			
1. TOTAL QUAL	IFYING WAGES: FROM PAGE 2, WC	ORKSHEET A, BOX 3 (Attach all W-2's or 1099)	s)	1.
2. LESS EMPLO	YEE BUSINESS EXPENSES FROM 2	2106 (Attach 2106 & Schedule 1- No credit will	be given if not attached)	2.
3. TOTAL TAXA	BLE WAGES (Line 1 minus Line 2)			3.
4. OTHER INCO	ME: ALL GAMBLING WINNINGS, LC	OTTERY WINNINGS, PRIZES, ETC. (Form 104	0, Schedule 1, line 8)	4.
5. BUSINESS T	YPE INCOME: PAGE 2, WORKSHEE	ГВ, LINE 8 (If loss, enter \$0 – Cannot offset lin	e 3&4 income)	5.
6. TOTAL MIAMISBURG / AUSTIN CENTER JEDD TAXABLE INCOME (Add Lines 3 & 4 & 5)				6.
7. MIAMISBURG	6 / AUSTIN CENTER JEDD INCOME	TAX AMOUNT (Multiply Line 6 by 2.25%)		7.
8. A. MIAMISBU	JRG / AUSTIN CENTER JEDD INCOM	ME TAX WITHHELD: WORKSHEET A, BOX 1	8A.	
B. INCOME 1	TAX WITHHELD/PAID TO OTHER CIT	TES: WORKSHEET A, BOX 2	8B.	
C. ESTIMATI	ED PAYMENTS / PRIOR YEAR OVER	RPAYMENTS	8C.	
D. TOTAL TA	X CREDITS (Add Lines 8A through 80	C)		8D.
9. TAX AMOUN	IT DUE (Subtract Line 8D from Line 7)			9.
10 A. LATE FILING PENALTY (\$25 Per Month, Up To \$150 Max)				
B. LATE PAY	MENT PENALTY (15% Of Tax Paid L	ate, Including Underpaid Estimates)	10B.	
C. LATE PAYMENT INTEREST (0.5833% Per Month) 10C.				
D. TOTAL PI	ENALTIES, FEES AND INTEREST (Ad	dd Lines 10A through 10C)		10D.
11. BALANCE	OUE FOR 2020 (Add Lines 9 & 10D. O	verpayments should be reported on Line 12. Co	ontinue to Line 13.)	11.
12. OVERPAYN	IENT, If Line 12 shows an overpaymer	nt*, place amount is preferred box below.	12.	
REF	FUND amount* \$	CREDIT amount to 2020	)* \$	
VOTICE: Taxes o	f less than \$10.01 shall not be colle	cted and overpayments less than \$10.01 wil	I not be refunded or cre	dited to another year.
		FOR YEAR 2021 (If tax due will be over \$20	0) – See Line-by-Line Ir	structions
13. TOTAL INCO	OME SUBJECT TO TAX \$	, MULTIPLY BY <b>2.25</b> %	13.	
14. LESS: ANTI	CIPATED CREDITS (Withholding, Tax	es paid to other Cities & Overpayments applied	1) 14.	
15. NET TAXES				
16. AMOUNT P	AID WITH THIS DECLARATION for 1	ST Quarter Estimated Tax		16.
17. TOTAL AMO	OUNT PAYABLE TO CITY OF MIAMIS	SBURG (Add lines 11 and 16) DUE BY APRIL	15, 2021	17.
nowledge and be	lief it is true, correct and that the figure	ying Federal 1040, W-2's, 1099-MISC, 1099-C, as are the same as used for Federal Income Ta ed return will be filed within three months.		
				May we contact your preparer directly with
Your Signature	Date	Spouse's Signature	Date	questions regarding the preparation of this return?
Signature of prepa	rer, if other than taxpayer	Phone Number	Date	□ YES □ NO

## **2020 INDIVIDUAL INCOME TAX RETURN**

Due on or before April 15, 2021 - LATE FILING OF THIS RETURN MAY RESULT IN INTEREST CHARGES AND A MINIMUM \$25.00 PENALTY

## THE FEDERAL FORM 1040 & ALL APPROPRIATE FEDERAL SCHEDULES MUST BE ATTACHED TO THE RETURN.

A RETURN IS NOT COMPLETE UNLESS SUCH SCHEDULES ARE ATTACHED. ANY DEDUCTION NOT SUPPORTED WILL BE DISALLOWED.

WORKSHEET A - SALARIES, WAGES, TIPS & OTHER COMPENSATION (Enter information from W-2's or 1099's, not reported on Schedule C)

Employer's Name	City Where Employed	Miamisburg / Austin JEDD Tax Withheld	Other City Tax Withheld (Up To 2.25%)	Qualifying Wages / Income
	TOTAL	1	2	3

Note: The IRS has changed the rules for Unreimbursed Employee Business Expense (Form 2106; Federal Schedule A). These deductions will only be allowed if they meet the federal guidelines. See the Individual Return Instructions for more detail.

WORKSHEET B - BUSINESS TYPE INCOME NET PROFIT/LOSS (As documented by Returns, Attachments and Federal Schedules)

	Net Taxable Gain (Loss)	If applicable, Allocated % from Sch. Y below	City/JEDD Taxable Income
Proprietorship: Enter Business Name(s) Below     Attach Schedule C			
Rental Income: Schedule E must be attached and have the street address and city location for each property.     (Losses without street address and city will be disallowed)			
3. Ordinary Income or Loss - Attach Schedule 4797			
4. Other Schedule E Reportable Income (i.e. Partnership Income/Loss; Taxable Royalties; etc.) - Attach Schedule E & K-1			
5. Farm Income - Attach Schedule F or Form 4835			
6. SUBTOTAL (Add Lines 1 – 5 above)	6A.		6B.
7. LESS: LOSS CARRYFORWARD			

<sup>\*\*</sup> Starting with the 2017 tax filing, losses could be recorded for future use. Losses could start being used with the 2018 tax filing but will be applied at a reduced rate for five (5) years. Please see the City's website for most updated instructions and Net Operating Loss Schedule. In no case may Schedule C, E or F losses be taken against wages or other miscellaneous income or compensation. \*\*

## SCHEDULE Y - BUSINESS ALLOCATION FORMULA

The Business Allocation Formula is to be used by <u>non-resident taxpayers</u> who are doing business both inside and outside of the City/JEDD to determine the portion of the net profits attributed to the City/JEDD. In lieu of using Schedule Y, businesses located wholly within the City/JEDD must include copies of tax returns filed and paid in other cities in order to receive credit for taxes paid to other cities. If more than one Schedule Y is needed, please make copies of the table below

		A. LOCATED EVERYWHERE	B. LOCATED IN CITY / JEDD	C. PERCENTAGE (B / A)
Step 1	Average original cost of real & tangible personal property	\$	\$	
	Gross annual rentals multiplied by 8	\$	\$	
	Total Step 1	\$	\$	%
Step 2	Total qualifying wages, salaries, commissions and other compensation for all employees	\$	\$	%
Step 3	Gross receipts from sales and work or services	\$	\$	%
Step 4	TOTAL PERCENTAGES		%	
Step 5	AVERAGE PERCENTAGE (Divide total percentages by the number of percentages used.)  Enter on Worksheet B above.			%

NOTE: Your return is not complete unless you have included your Federal form 1040 and other applicable documents as outlined in the Return or in the Individual Return Instructions.