



CITY OF MIAMISBURG / AUSTIN CENTER JEDD

2017 INDIVIDUAL INCOME TAX RETURN

City of Miamisburg Income Tax Dept.

10 N. 1st St., Miamisburg OH 45342

Phone (937) 847-6462 Fax (937) 847-6470

Due on or before

April 17, 2018

http://www.ci.miamisburg.oh.us/

Last Name	First Name	Initial	Social Security Number	Account Number
If married filing joint, enter Spouse's Last Name		First Name	Initial	Spouse's Social Security Number
Present Address #	Street	Apt		Did you file a City Tax Return for Tax Year 2016? <input type="checkbox"/> Yes <input type="checkbox"/> No – If no, refer to instructions and indicate why you were not required to file:
City	State	Zip Code		
FILING STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married filing joint return (even if only 1 had income) <input type="checkbox"/> Married filing separate return. Enter spouse's social security number: _____ - _____ - _____ Spouse's full name: _____				
RESIDENCY STATUS <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Partial Year Resident <i>please indicate below:</i> DATE MOVED IN: _____ DATE MOVED OUT: _____ Former Address: _____				

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

1. TOTAL FROM W-2's OR 1099's. Attach all W-2's or 1099's.	A	B	1.
2. LESS EMPLOYEE BUSINESS EXPENSES - LESS 2% OF ASSOCIATED WAGES (Attach 2106 AND SCHEDULE A)			2.
3. TOTAL TAXABLE WAGES (Line 1 minus line 2)			3.
4. OTHER INCOME: ALL GAMBLING WINNINGS, LOTTERY WINNINGS, PRIZES, ETC.			4.
5. TAXABLE INCOME OTHER THAN WAGES FROM WORKSHEET B , LINE 9, PAGE 2 (If loss, enter \$0 – Cannot offset line 3&4 income)			5.
6. TOTAL MIAMISBURG / AUSTIN CENTER JEDD TAXABLE INCOME (Add lines 3 & 4 & 5)			6.
7. MIAMISBURG / AUSTIN CENTER JEDD INCOME TAX AMOUNT (Multiply line 6 by 2.25%)			7.
8. A. MIAMISBURG / AUSTIN CENTER JEDD INCOME TAX WITHHELD - total from Box A above.!	8A.		
B. INCOME TAX WITHHELD/PAID TO OTHER CITIES from Box B above (2.25% MAX)	8B.		
C. ESTIMATED PAYMENTS	8C.		
D. PRIOR YEAR OVERPAYMENTS	8D.		
E. TOTAL TAX CREDITS (Add lines 8A through 8D)		8E.	
9. TAX AMOUNT DUE , IF Line 7 is greater than line 8E, subtract Line 8E from Line 7 *			9.*
10. A. LATE FILING PENALTY (\$25. PER MONTH UP TO \$150. MAX)	10A.		
B. LATE PAYMENT PENALTY (15% OF AMOUNT PAID LATE)	10B.		
C. LATE PAYMENT INTEREST (0.5% PER MONTH OR FRACTION THEREOF)	10C.		
D. TOTAL PENALTIES, FEES AND INTEREST (Add lines 10A through 10C)			10D.
11. BALANCE DUE FOR 2017 (Add Lines 9 & 10D (Do not stop here. Complete lines 13-17 below.)			11.
12. OVERPAYMENT , IF Line 7 is less than Line 8E, subtract Line 7 from Line 8E *(greater than \$10.)	12.		
REFUND amount* \$ _____ CREDIT amount to 2018 * \$ _____			

* NOTICE: Taxes of less than \$10.01 shall not be collected and overpayments less than \$10.01 will not be refunded or credited to another year.

DECLARATION OF ESTIMATED TAX FOR YEAR 2018 (If tax due will be over \$200) – See Line-by-Line Instructions			
13. TOTAL INCOME SUBJECT TO TAX \$ _____, MULTIPLY BY 2.25%	13.		
14. LESS: ANTICIPATED CREDITS (withholding, taxes paid to other cities & overpayments applied)	14.		
15. NET TAXES OWED (Quarterly statements will not be mailed.)	15.		
16. AMOUNT PAID WITH THIS DECLARATION for 1 ST Quarter Estimated Tax			16.
17. TOTAL AMOUNT PAYABLE TO CITY OF MIAMISBURG (Add lines 11 and 16) DUE BY APRIL 17, 2018			17.

I certify I have examined this return, including accompanying Federal 1040 page one, W-2's, schedules and statements, and to the best of my knowledge and belief it is true, correct and that the figures are the same as for Federal Income Tax Purposes. If an audit of Federal returns is made which affects tax liability shown on this return, an amended return will be filed within three months. **NOTE: Your return is not complete unless you have included page 1 of your Federal form 1040 and other appropriate schedules.**

Your Signature	Date	Spouse's Signature	Date
Signature of preparer, if other than taxpayer		Phone Number	Date

May we contact your preparer directly with questions regarding the preparation of this return? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Federal Form 1040 and all W-2 forms must be attached

2017 INDIVIDUAL INCOME TAX RETURN

Due on or before April 17, 2018 – LATE FILING OF THIS RETURN MAY RESULT IN INTEREST CHARGES AND A MINIMUM \$25.00 PENALTY

PAGE ONE OF THE FEDERAL FORM 1040 MUST BE ATTACHED TO ALL RETURNS. ALL APPROPRIATE FEDERAL SCHEDULES MUST BE ATTACHED. A RETURN IS NOT COMPLETE UNLESS SUCH SCHEDULES ARE ATTACHED. ANY DEDUCTION NOT PROPERLY SUPPORTED WILL BE DISALLOWED.

WORKSHEET A: EMPLOYEE BUSINESS EXPENSES -- FORM 2106 WORKSHEET

(page 1 of Federal Form 1040, Federal Schedule A, and Federal Form 2106 must be attached for deduction to be allowed.)

1. Unreimbursed employee expenses from Form 2106.....\$ _____
2. Total from Line 24 on Form 1040, Schedule A..... \$ _____
3. Percent of total (Divide line 1 by line 2) %
4. Enter amount from line 27 on Schedule A of Form 1040..... \$ _____
5. City/JEDD income tax deduction (Multiply line 3 by line 4 \$ _____ (Enter deduction on Page 1, line 2 of this return)

WORKSHEET B – OTHER INCOME (As documented by Returns, Attachments, 1099's and Federal Schedules)

	Net Taxable Gain (Loss)	If applicable, Allocation Pct from Sch Y below	City/JEDD Taxable Gain (Loss)
1. Proprietorship (Schedule C) – Enter business name(s) below.			
2. Rental Income (Schedule E) – Enter street address and city of each property below. (Losses without street address and city will be disallowed). *Attach Sch. E*			
3. Recapture of Depreciation on Sale of Rental Property (Schedule 4797)			
4. Reportable Partnership Income (Schedule E / K-1)			
5. Farm Income (Schedule F)			
6.			
7. SUBTOTAL (Add lines 1 – 6 above)			
8. LESS: LOSS CARRYFORWARD, IF ANY, FROM PRIOR YEARS (ATTACH SCHEDULE)			
9. GRAND TOTAL (Line 8 minus Line 9) **			
** If the GRAND TOTAL on line 9 is a net gain (positive), enter the amount on page 1, line 5. If the GRAND TOTAL on line 9 is a net loss (negative), enter \$0 on page 1, line 4, and include this net loss on your schedule of Net Operating Losses which may be carried forward for up to 5 years.			

**** In no case may Schedule C or E losses be taken against wages or other compensation.** Starting with the 2017 tax filing, losses will be recorded for use of up to 5 years. Losses can start being used in 2018 at 50% of the net income taxable to the City/JEDD.

LOSS YEAR	2013	2014	2015	2016	2017	TOTAL AVAILABLE
LOSS AMOUNT	N/A	N/A	N/A	N/A		

SCHEDULE Y – BUSINESS ALLOCATION FORMULA

The Business Allocation Formula is to be used by non-resident taxpayers 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.

		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.			%