

MIAMISBURG INCOME TAX RETURN

10 N. First St., Miamisburg, OH 45342 • DUE ON OR BEFORE OHIO APRIL DUE DATE
 WEB ADDRESS: www.ci.miamisburg.oh.us

TAX YEAR _____

(LIST BOTH NAME & SOCIAL SECURITY NUMBERS IF FILING A JOINT RETURN)

SOC. SEC. NO. (T-1) _____ SOC. SEC. NO. (T-2) _____

COMPLETE IF MOVED OR PART YEAR RESIDENT.

Marital Status (check one)

single _____
 married _____
 separated _____

Date Moved _____

New Address _____

Old Address _____

DID YOU FILE A CITY INCOME TAX RETURN THE PREVIOUS YEAR? YES NO

PHONE NUMBER (DAYTIME): _____

E-MAIL: _____

1040 PAGE 1 REQUIRED

I AM NOT REQUIRED TO COMPLETE SECTION B OF THIS TAX RETURN BECAUSE:

A

- ACTIVE DUTY MILITARY
- ONLY INCOME IS FROM NON-TAXABLE SOURCE, LIST SOURCE _____
- NO EMPLOYMENT THIS YEAR
- MOVED FROM MIAMISBURG PRIOR TO _____ LIST DATE _____
- UNDER 18 YEARS OF AGE (ATTACH VERIFICATION)
- TAXPAYER DECEASED, LIST DATE OF DEATH _____
- RETIRED PRIOR TO CURRENT TAX YEAR, LIST DATE _____

B

EMPLOYER'S NAME	PHYSICAL WORK LOCATION (CITY)	AMOUNT OF MIAMISBURG INCOME TAX WITHHELD	CITY TAX WITHHELD IN OTHER CITIES CANNOT EXCEED 2.25%	W-2 BOX 5/16 QUALIFYING WAGES

1. TOTALS (ATTACH ALL W-2'S) 1. 1A _____ 1B _____ 1C _____
2. INCOME OTHER THAN WAGES FROM WORKSHEETS ON REVERSE (ATTACH FEDERAL SCHEDULES AND 1099'S EXCLUDING 1099-R, 1099-INT & 1099-DIV) 2. _____
3. TAXABLE INCOME (ADD BOX 1C AND 2) 3. _____
4. TAX - BOX 3 MULTIPLIED BY 2.25% 4. _____
5. A. MIAMISBURG TAX WITHHELD BOX 1A 5A. _____
- B. CREDIT FOR OTHER CITY TAX WITHHELD (not to exceed 2.25% BOX 1B) B. _____
- C. SUBTOTAL OF CREDITS - ADD 5A AND 5B 5C. _____
- D. ESTIMATED PAYMENTS INCLUDE \$ _____ PD BY PARTNERSHIP _____ FEIN _____ 5D. _____
- E. PRIOR YEAR CREDIT CARRIED FORWARD E. _____
- F. TOTAL OF CREDITS - ADD 5C, 5D AND 5E 5F. _____
6. IF BOX 4 IS GREATER THAN BOX 5F ENTER BALANCE DUE (NOT LESS THAN \$10.00) 6. _____
7. IF BOX 5F IS GREATER THAN BOX 4 ENTER OVERPAYMENT BELOW (NOT LESS THAN \$10.00) 7. _____
- AMOUNT TO BE REFUNDED _____ OR CREDITED TO NEXT YEAR
8. PENALTY _____ INTEREST _____ LATE FEE _____ 8. _____
9. TAX BALANCE DUE (ADD BOX 6 AND 8) PAYABLE TO: 'CITY OF MIAMISBURG' 9. _____

*** MANDATORY DECLARATION OF ESTIMATED TAX ***

10. TOTAL INCOME SUBJECT TO TAX \$ _____ X TAX RATE OF 2.25% (if estimated liability is \$200 or more) 10. _____
11. SUBTRACT CREDIT FOR TAX WITHHELD (NOT TO EXCEED 2.25%) 11. _____
12. NET TAX DUE (LINE 10 - LINE 11) 12. _____
13. QUARTERLY AMOUNT DUE (1/4 OF BOX 12) 13. _____
14. CREDIT FROM LINE 7 14. _____
15. LINE 13 - LINE 14 (ESTIMATED TAX DUE WITH THIS RETURN - 1st Qtr.) Remaining Qtrly Coupons Enclosed 15. _____
16. TOTAL DUE (ADD BOXES 9 AND 15) CURRENT YEAR \$ _____ ESTIMATE \$ _____ 16. _____

C

The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated and understands that this information may be released to the Tax Administrator of the City of Residence. If this return was prepared by a Tax Practitioner, may we contact your practitioner directly with questions regarding the preparation of this return? Yes No

FOR OFFICE USE ONLY

- W-2
- 1099
- 2106
- SCH C
- SCH E
- SCH F
- K-1
- Pg. 1 1040



FOR TAX OFFICE USE ONLY

FILED: _____
 CHECK #: _____
 AMOUNT: _____

YOUR SIGNATURE REQUIRED _____ Date _____

SPOUSE'S SIGNATURE REQUIRED (if filing jointly-BOTH must sign even if only one had income) _____

Signature & phone # of preparer (if other than taxpayer) _____ Date _____

WORKSHEET A - INCOME OTHER THAN WAGES
(ATTACH FEDERAL SCHEDULES AND 1099's)

TYPE	LOCATION	Net Taxable Gain From Fed. Schedule	Net Taxable Loss From Fed. Schedule
*Proprietorship Income (Schedule C)			
Rental Income (Schedule E)			
Partnership Income (Schedule E/K-1)			
Farm Income (Schedule F)			
Other Income (1099's, etc.)			

Not less than - 0 -

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TOTAL To Worksheet C

- An individual who operates two or more sole proprietorships, rentals, farms, or reportable partnerships may offset them against each other to arrive at a total reportable net profit (may be limited by locality).
- Proprietorships *Note - 1/2 SE deduction is not allowed.
- Partnerships are reportable on the return only when the partnership is located outside Miamisburg, and is not reportable to another municipality that has a tax rate equal to or greater than Miamisburg
- A net Loss cannot be used to offset W-2 income or other compensation

WORKSHEET B - EMPLOYEE BUSINESS EXPENSE
(FEDERAL SCHEDULE 2106, PAGES 1 & 2 OF THE FEDERAL RETURN PLUS FEDERAL SCHEDULE A MUST BE INCLUDED)

\$ _____
TOTAL to Worksheet C

- Please note, 2106 must be apportioned to city(ies) worked. Must fully support with documentation and calculations. Proration of income results in proration of credit. Part-year residents must attach pay stub or employer statement showing year-to-date gross wages as of date of move.

WORKSHEET C - NET INCOME/ADJUSTMENT

INCOME OTHER THAN WAGES
(NOT LESS THAN -0-)
FROM **WORKSHEET A** \$ _____

EMPLOYEE BUSINESS EXPENSE
FROM **WORKSHEET B** \$ _____

TOTAL to Part B, Line 2 on other side \$ _____

QUESTIONNAIRE

Please complete the following:

1. Do you own rental properties? Yes No

If "Yes," please complete the following:

ADDRESS OF PROPERTY	DATE PLACED INTO SERVICE

2. Do you have Sole Proprietorship Income? Yes No

If "Yes," please complete the following:

Type of business _____

Date business began: _____ Location: _____

Number of employees: _____ Average quarterly payroll \$ _____

3. If you received a refund from another municipality last year, please provide the name of the municipality and the amount.

1. Did you sign your tax return? **SIGNATURE REQUIRED**
2. Did you use the Medicare Wage on W-2 (except exempt pre 4-01-86 employee)?
3. Did you enclose all supporting documentation (W-2s, 1099s and Federal schedules/forms)?
4. If you moved during the year, did you indicate your new address/date of move?
5. If your balance due on line 9 was over \$200, did you fill out the declaration estimate?
6. Did you attach proof of age if applicable?
7. Did you enclose your check or money order if an amount is due?

Please do not send cash, coins, or MasterCard/VISA account numbers