



**CITY OF MIAMISBURG / AUSTIN CENTER JEDD  
2023 INDIVIDUAL INCOME TAX RETURN**

Due on or before  
**April 15, 2024**

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

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

<https://cityofmiamisburg.com/income-tax/>

|  |  |  |                        |                |
|--|--|--|------------------------|----------------|
| Last Name  | First Name   | Initial  | Social Security Number | Account Number |
| If married filing joint, enter Spouse's Last Name First Name Initial |  |  | Spouse's SSN           |                |
| Present Address # Street Apt.  |  | Did you file a City Tax Return for Tax Year 2022?<br><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 separate return. Enter spouse's SSN: _____ - _____ - _____   |                        |                |
|  | <input type="checkbox"/> Married filing joint return (Even if only 1 had income)   | 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: _____  |  |  |                        |                |

|   |      |
|---|------|
| 1. TOTAL QUALIFYING WAGES: FROM PAGE 2, WORKSHEET A, BOX 3 (Attach all W-2's or 1099's)                               | 1.   |
| 2. LESS EMPLOYEE BUSINESS EXPENSES FROM 2106 (Attach 2106 & Schedule 1 to receive the credit)                         | 2.   |
| 3. TOTAL TAXABLE WAGES (Line 1 minus Line 2)  | 3.   |
| 4. OTHER INCOME: ALL GAMBLING & LOTTERY WINNINGS, PRIZES, ETC. (Schedule 1, line 9 – Please attach)                   | 4.   |
| 5. BUSINESS TYPE INCOME: PAGE 2, WORKSHEET B, LINE 8 (If loss, enter \$0 – separate from 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: WORKSHEET A, BOX 1   | 8A.  |
| B. INCOME TAX WITHHELD/PAID TO OTHER CITIES: WORKSHEET A, BOX 2   | 8B.  |
| C. ESTIMATED PAYMENTS / PRIOR YEAR OVERPAYMENTS   | 8C.  |
| D. TOTAL TAX CREDITS (Add Lines 8A through 8C)  | 8D.  |
| 9. <b>TAX AMOUNT DUE</b> (Subtract Line 8D from Line 7)   | 9.   |
| 10 A. LATE FILING PENALTY (\$25)  | 10A. |
| B. LATE PAYMENT PENALTY (15% Of Tax Paid Late, Including Underpaid Estimates)   | 10B. |
| C. LATE PAYMENT INTEREST (0.5833% Per Month)  | 10C. |
| D. TOTAL PENALTIES, FEES AND INTEREST (Add Lines 10A through 10C)   | 10D. |
| 11. <b>BALANCE DUE FOR 2023</b> (Add Lines 9 & 10D. Overpayments should be reported on Line 12. Continue to Line 13.) | 11.  |
| 10. <b>OVERPAYMENT</b> , If Line 12 shows an overpayment*, place amount is preferred box below.                       | 12.  |
| REFUND amount* \$ _____ CREDIT amount to 2024 * \$ _____  | 13.  |

**\* 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.**

| <b>DECLARATION OF ESTIMATED TAX FOR YEAR 2024 (If tax due will be over \$200) – See Line-by-Line Instructions</b> |     |
|---|-----|
| 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 but are available online.)                            | 15. |
| 16. <b>AMOUNT PAID WITH THIS DECLARATION for 1<sup>ST</sup> Quarter Estimated Tax</b>                             | 16. |
| <b>17. TOTAL AMOUNT PAYABLE TO CITY OF MIAMISBURG (Add lines 11 and 16) DUE BY APRIL 15, 2024</b>                 | 17. |

I certify I have examined this return, including accompanying Federal 1040, W-2's, 1099-MISC., 1099-NEC, 1099-C, Schedules and Statements, and to the best of my knowledge and belief it is true, correct and that the figures are the same as used 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.

|   |              |                    |      |
|---|--------------|--------------------|------|
| 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?

YES  NO

**NOTE: Your return is not complete unless you have included your Federal form 1040, W-2's and Schedules.**

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**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: 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  
(Attach Returns and Federal Schedules)**

|  | Net Taxable Gain (Loss) | If applicable, Allocated % from Sch. Y below | City/JEDD Taxable Income |
|--|-------------------------|--|--------------------------|
| 1. Proprietorship: Enter Business Name(s) Below<br><b>Attach Schedule C</b>  |                         |  |                          |
|  |                         |  |                          |
|  |                         |  |                          |
| 2. Rental Income: <b>Schedule E must be attached and have the street address and city location for each property.</b><br>(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**, IF ANY, FROM PRIOR YEARS (ATTACH SCHEDULE)   |                         |  |                          |
| 8. GRAND TOTAL (Line 6B minus Line 7, see note below)  |                         |  |                          |

**\*\* 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 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. Businesses located wholly within the City/JEDD must include copies of tax returns filed and paid in other cities to receive credit for taxes paid to other cities. Make copies of the table below if needed

|        |   | 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.)<br>Enter on Worksheet B above. |                       |                           | %                     |

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