

MIAMISBURG INCOME TAX RETURN

10 N. First St., Miamisburg, OH 45342 • DUE ON OR BEFORE APRIL 15

WEB ADDRESS: www.ci.miamisburg.oh.us

FOR ASSISTANCE CALL (937) 847-6462

TAX YEAR _____

<p>IF NAME OR ADDRESS IS INCORRECT MAKE NECESSARY CHANGES (LIST BOTH NAME & SOCIAL SECURITY NUMBERS IF FILING A JOINT RETURN)</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">SOC. SEC. NO. (T-1)</td> <td style="width:15%; border-bottom: 1px solid black;"> _ _ </td> <td style="width:15%; border-bottom: 1px solid black;"> _ _ </td> <td style="width:15%; border-bottom: 1px solid black;"> _ _ </td> <td style="width:15%; border-bottom: 1px solid black;"> _ _ </td> <td style="width:15%; border-bottom: 1px solid black;"> _ _ </td> <td rowspan="2" style="font-size: small;">Marital Status (check one) single _____ married _____ separated _____</td> </tr> <tr> <td>SOC. SEC. NO. (T-2)</td> <td style="border-bottom: 1px solid black;"> _ _ </td> <td style="border-bottom: 1px solid black;"> _ _ </td> <td style="border-bottom: 1px solid black;"> _ _ </td> <td style="border-bottom: 1px solid black;"> _ _ </td> <td style="border-bottom: 1px solid black;"> _ _ </td> </tr> </table> <p>Complete if moved since last return or part year resident New Address _____ Old Address _____ Date Moved _____ Employed entire year all employers? <input type="checkbox"/> YES <input type="checkbox"/> NO DID YOU FILE A CITY INCOME TAX RETURN THE PREVIOUS YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO PHONE NUMBER: _____</p>	SOC. SEC. NO. (T-1)	_ _	_ _	_ _	_ _	_ _	Marital Status (check one) single _____ married _____ separated _____	SOC. SEC. NO. (T-2)	_ _	_ _	_ _	_ _	_ _
SOC. SEC. NO. (T-1)	_ _	_ _	_ _	_ _	_ _	Marital Status (check one) single _____ married _____ separated _____								
SOC. SEC. NO. (T-2)	_ _	_ _	_ _	_ _	_ _									

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

<input type="checkbox"/> ACTIVE DUTY MILITARY	<input type="checkbox"/> ONLY INCOME IS FROM NON-TAXABLE SOURCE, LIST SOURCE _____
<input type="checkbox"/> NO EMPLOYMENT THIS YEAR	<input type="checkbox"/> MOVED FROM MIAMISBURG PRIOR TO _____ LIST DATE _____
<input type="checkbox"/> UNDER 18 YEARS OF AGE (ATTACH VERIFICATION)	<input type="checkbox"/> TAXPAYER DECEASED, LIST DATE OF DEATH _____
	<input type="checkbox"/> 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 1.75%	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/OR 1099M, 1099G, 1040 pg. 1, Sched A)	2.			
3. TAXABLE INCOME (ADD BOX 1C AND 2)	3.			
4. TAX - BOX 3 MULTIPLIED BY 1.75%	4.			
5. A. MIAMISBURG TAX WITHHELD BOX 1A	5A.			
B. CREDIT FOR OTHER CITY TAX WITHHELD (not to exceed 1.75% - BOX 1B)	B.			
C. SUBTOTAL OF CREDITS - ADD 5A AND 5B	5C.			
D. ESTIMATE PAYMENTS	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 \$1.00)	6.			
7. IF BOX 5F IS GREATER THAN BOX 4 ENTER OVERPAYMENT BELOW (NOT LESS THAN \$1.00) AMOUNT TO BE REFUNDED _____ OR CREDITED TO NEXT YEAR _____	7.			
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 1.75% (if estimated liability is \$150 or more)	10.	
11. SUBTRACT CREDIT FOR TAX WITHHELD (NOT TO EXCEED 1.75%)	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

↓ _____ Your Signature _____ Date _____

↓ _____ Spouse's signature (if filing jointing) (BOTH must sign even if only one had income.) _____

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

FOR OFFICE USE ONLY

W-2
 1099M
 2106

SCH C
 SCH E
 SCH F
 K-1



FOR TAX OFFICE USE ONLY

FILED: _____

CHECK #: _____

AMOUNT _____

CITY OF MIAMISBURG
INCOME TAX DEPARTMENT
10 N. First St.
Miamisburg, OH 45342

QUARTERLY ESTIMATE PAYMENT
2nd Quarter
FORM MQ-1

AMOUNT PAID

\$

Taxpayer Soc. Sec. #	Spouse Soc. Sec. #	Due on or Before 7-31
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Taxpayer's Account #, Name & Address

1. Estimated _____ tax liability
(Less credit for tax withheld) \$ _____
2. Amount paid 1st Quarter \$ _____
3. Balance of Estimated tax liability
(Line 1 minus line 2) \$ _____
4. One-third of line 3
Remit as 2nd Quarter \$ _____

CITY OF MIAMISBURG
INCOME TAX DEPARTMENT
10 N. First St.
Miamisburg, OH 45342

QUARTERLY ESTIMATE PAYMENT
3rd Quarter
FORM MQ-1

AMOUNT PAID

\$

Taxpayer Soc. Sec. #	Spouse Soc. Sec. #	Due on or Before 10-31
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Taxpayer's Account #, Name & Address

1. Estimated _____ tax liability
(Less credit for tax withheld) \$ _____
2. Amount paid 1st and 2nd Quarters \$ _____
3. Balance of Estimated tax liability
(Line 1 minus line 2) \$ _____
4. One-half of line 3
Remit as 3rd Quarter \$ _____

CITY OF MIAMISBURG
INCOME TAX DEPARTMENT
10 N. First St.
Miamisburg, OH 45342

QUARTERLY ESTIMATE PAYMENT
4th Quarter
FORM MQ-1

AMOUNT PAID

\$

Taxpayer Soc. Sec. #	Spouse Soc. Sec. #	Due on or Before 1-31
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Taxpayer's Account #, Name & Address

1. Estimated _____ tax liability
(Less credit for tax withheld) \$ _____
2. Amount paid 1st, 2nd &
3rd Quarters \$ _____
3. Balance of Estimated tax liability
(Line 1 minus line 2) \$ _____
4. Remit as 4th Quarter \$ _____

WORKSHEET A - OTHER INCOME
(From Schedules and Attachments)

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			

Not less than
- 0 -

To
Worksheet C

*Note - 1/2 SE deduction is not allowed.

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). A net loss cannot be used to offset other income.

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.

WORKSHEET B - ADJUSTMENTS TO INCOME

EMPLOYEE BUSINESS EXPENSE \$ _____
(to Worksheet C)

Employee business expense deduction (Form 2106)

Other miscellaneous expenses are not deductible

OTHER ADJUSTMENTS \$ _____
(to Worksheet C)

Must fully explain, plus 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. Please note, 2106 must be apportioned to city(ies) worked.

WORKSHEET C - NET INCOME/ADJUSTMENT

TOTAL FROM WORKSHEET A \$ _____
NOT LESS THAN -0-

EMPLOYEE BUSINESS EXPENSE \$ _____
(FEDERAL SCHEDULE 2106)

OTHER ADJUSTMENTS \$ _____

NET INCOME/ADJUSTMENT \$ _____
(to Part B, Line 2)

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

1. 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 \$ _____

1. Did you sign your tax return?
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 \$150, 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