

CITY OF IRONTON INCOME TAX RETURN – TAX YEAR 2020 INDIVIDUAL OR BUSINESS

Calendar Year:

- or -Fiscal Year (Business) Residency Status:

Resident -or-Non-Resident Part Year Resident: From

__ to __

DUE BY APRIL 15 OF EACH YEAR - FILING IS REQUIRED EVEN IF NO TAX IS DUE

| First | First Name Last Name or Business Name | | | | Phone | | | | |
|--|---|---|------------|------------------------------|--------------------|--------|--|--|--|
| | | | | | | | | | |
| Street Address | | | | City | State | Zip | | | |
| | | | | | | | | | |
| Acco | Account Number Ta | | | Social Security Number | | | | | |
| | | | | | | | | | |
| Spo | use Social Security Number | | Business / | Business / Federal ID Number | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | OX 5 MEDICARE WAGES, SALARIES, TIP | | | | INCOME OF ANY KINI | D 1.\$ | | | |
| | MUST BE INCLUDED FOR CITY TAX PURPOSES) *** ATTACH ALL W-2'S AND COPY OF FEDERAL RETURN | | | | | | | | |
| | OTHER TAXABLE INCOME FROM FEDERAL SCHEDULE C, E, K-1, 1099-MISC - ATTACH ALL SCHEDULES Operating loss cannot offset wages 2. \$ | | | | | | | | |
| | 3. IF YOU, THE TAXPAYER ARE A FULL-TIME STUDENT AND RESIDENT UNDER THE AGE OF 26 - APPLY THE STUDENT EXEMPTION - \$3000.00 | | | | | | | | |
| | * ATTACH COPY OF STUDENT INFOR | | | | | | | | |
| TAXABLE INCOME: LINE 1 PLUS LINE 2 MINUS LINE 3 IF APPLICABLE | | | | | | 4. \$ | | | |
| | | | | | •••••• | 5. \$ | | | |
| 6. C | REDITS (Each W-2 stands independent) | | | | | | | | |
| | A. IRONTON INCOME TAX WITHHE | | | | | | | | |
| | B. ESTIMATED TAXES PAID TO IRON | | | | | | | | |
| | C. PRIOR YEAR OVERPAYMENTS | | | | • | | | | |
| _ | D. TOTAL CREDITS (ADD A, B, & C) | | | | | 6D \$ | | | |
| 7. | | | | | | | | | |
| *051 | 7. TAX DUE (OVERPAYMENT) LINE 5 MINUS 6D \$ | | | | | | | | |
| | *PENALTIES & INTEREST CHANGES AS PER OHIO HB5 | | | | | | | | |
| | * A. LATE FILING PENALTY-AFTER DUE DATE, (APRIL 15) WILL BE \$25.00 PER MONTH, NOT TO EXCEED \$150.00 | | | | | | | | |
| * B. PENALTY - 15% OF AMOUNT SHOWN ON LINE 7 (IF NOT PAID BY APRIL 15) | | | | | | | | | |
| * C. INTEREST - 0.42% PER MONTH (OR PART THERE OF) OF AMOUNT SHOWN ON LINE 7 (IF NOT PAID BY APRIL 15) | | | | | | | | | |
| | | | | | | | | | |
| 8. O | VERPAYMENT, IF OVER \$10.00, TO BE | I | | | O NEXT YEAR ESTIM | ATE | | | |
| | NO PAYMENT OR REFUND / CREDIT FOR AMOUNT \$10.00 OR LESS | | | | | | | | |

NOTICE: BY LAW, ALL REFUNDS AND CREDITS, IN EXCESS OF \$10.00 ARE BEING REPORTED TO THE IRS

I CERTIFY THAT I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE. IF PREPARED BY A PERSON OTHER THAN TAXPAYER, THE DECLARATION BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE.

| X | | | | | | |
|---|--|------------------------------------|-------|-----------|--|--|
| SIGNATURE OF PERSON PREPAIRING IF OTHER THAN TAXPAYER | | ADDRESS | DATE | PHONE NO. | | |
| X | | | | | | |
| SIGNATURE OF TAXPAYER OR AGENT | | ADDRESS | DATE | PHONE NO. | | |
| | DECLARATION OF ESTIMATED | LARATION OF ESTIMATED TAX FOR 2021 | | | | |
| | 1. TOTAL ESTIMATED INCOME | SUBJECT TO IRONTON INCOME | 1. \$ | | | |
| | IRONTON INCOME TAX (1% OF AMOUNT SHOWN ON LINE 1) | | | | | |
| | | | | | | |
| | 4. NET ESTIMATED TAX | | | | | |
| | 5. AMOUNT DUE WITH DECLA | RATION (1/4 OF LINE 4) | | | | |

Note: 1/4 of Declaration Payment is Due April 15th. Quarterly Payments Due June 15, Sept 15 & Jan 15 for Ind Account/Dec 15-Business

MAKE CHECK OR MONEY ORDER PAYABLE TO: **IRONTON INCOME TAX** MAIL: P.O. BOX 704 IRONTON, OH 45638 OFFICE: 301 S. 3RD ST. IRONTON, OH 45638 **IRONTONOHIO.ORG**



INCOME TAX CLERK Hours: Monday - Friday | 8AM-4PM

tax1@ironton-ohio.com | tax2@ironton-ohio.com PHONE (740) 532-9241 | FAX (740) 533-6104