

CITY OF IRONTON INCOME TAX RETURN – TAX YEAR 2024 INDIVIDUAL OR BUSINESS

Calendar Year: - or - Fiscal Year (Business)	**Attach Federal Extension	Residency Status: 🛛 Re	sident -or- 🛛	Non-Resident	
	if filed after April 15 ^{™**}	Part Year Resident: From	to	·	
DUE ON AP	RIL 15 – FILING IS RE	EQUIRED EVEN IF NO TA	AX IS DUE		
Your first name and middle initial	Last name or Business name		Phone	Phone	
If joint return, spouse's first name middle initial	Last name		Phone	Phone	
Street Address		City	State	Zip	
Account Number		Taxpayer Social Security Numb	ber		
Spouse Social Security Number		Business / Federal ID Number			
I. BOX 5 MEDICARE WAGES, SALARIES, TIPS, BOX 18 L				1.\$	
MUST BE INCLUDED FOR CITY TAX PURPOSES) ***				2. \$	
 OTHER TAXABLE INCOME FROM FEDERAL SCHEDULE C, E, K-1, 1099-MISC - ATTACH ALL SCHEDULES Operating loss cannot offset wages IF YOU, THE TAXPAYER, ARE A FULL-TIME STUDENT AND RESIDENT UNDER THE AGE OF 26 - APPLY THE STUDENT EXEMPTION - \$3000.00 			•		
			MPTION - \$3000.00	3.\$	
*** ATTACH COPY OF STUDENT INFORMATION A TAXABLE INCOME: LINE 1 PLUS LINE 2 MINUS LINE 3				4. \$	
 IRONTON TAX LIABILITY (1% OF LINE 4)					
 CREDITS (Each W-2 stands independent) 				J. #	
A. IRONTON INCOME TAX WITHHELD BY EMPLOYER(S)			6 4 \$		
 a. IRONTON INCOME TAX WITHHELD BY EMPLOYER(S) B. ESTIMATED TAXES PAID TO IRONTON 					
C. PRIOR YEAR OVERPAYMENTS					
D. TOTAL CREDITS (ADD A, B, & C)					
. IF LINE 5 IS GREATER THAN LINE 6D PAYMENT OF				•- •	
		DUE (OVERPAYMENT)	LINE 5 MIN	IUS 6D \$	
PENALTIES & INTEREST CHANGES AS PER O		· · · · ·			
* A. LATE FILING PENALTY-AFTER DUE DATE, (APRIL 18) WILL BE \$25.00			7A\$		
* B. PENALTY - 15% OF AMOUNT SHOWN ON LINE 7 (IF NOT PAID BY APRIL 15)					
D. TOTAL AMOUNT DUE - PAY IN FULL WITH RETURN					
8. OVERPAYMENT, IF OVER \$10.00, TO BE REFUNDED \$ OR CREDITED \$ T					
NO PAYMENT OR REFUND / CREDIT FOR AMOUNT \$10.00 OR LESS					
NOTICE: BY LAW, ALL REFUNDS AND CREE I CERTIFY THAT I HAVE EXAMINED THIS RETURN (INCLUDING COMPLETE. IF PREPARED BY A PERSON OTHER THAN TAXP,	ACCOMPANYING SCHEDULES AN AYER, THE DECLARATION BASED O	ND STATEMENTS) AND TO THE BEST OF	MY KNOWLEDGE AND BEL		
SIGNATURE OF PERSON PREPARING IF OTHER THAN	TAXPAYER ADDRES	S DATE		PHONE NO.	
x					
SIGNATURE OF TAXPAYER OR AGENT	ADDRES	SS DATE		PHONE NO.	
DECLAR	ATION OF ESTIMATED TAX FO	DR 2025			
1. TOTAL ESTIMATED INCOME SUBJECT TO IRONTON INCOME TAX			1. \$		
2. IRONTON INCOME TAX (1% OF AMOUNT SHOWN ON LINE 1)					
3. LESS OVERPAYMENT/CREDIT FROM PREVIOUS YEAR & EST. OF EMPLOYER WITHHOLDINGS					
 LESS OVERPATMENT/CREDIT PROM PREVIOUS TEAR & EST. OF EMPLOTER WITHHOLDINGS NET ESTIMATED TAX 					
 AMOUNT DUE WITH DECLARATION (1/4 OF LINE 4) 					
Note: 1/4 of Declaration Payment is Due A	pril 15th. Quarterly Payme	ents Due June 15, Sept 15 & Ja	an 15 for Ind Accoun	t/Dec 15-Business	
AKE CHECK OR MONEY ORDER PAYABLE TO:				INCOME TAX CLERK	

MAIL: P.O. BOX 704 IRONTON, OH 45638 OFFICE: 301 S. 3RD ST. IRONTON, OH 45638 IRONTONOHIO.ORG

IRONTON INCOME TAX



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

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