

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