	INDIVIDUAL - ASHLAND	CITY INCOME TAX RETURN		2013
TAX OFFICE USE ONLY				
TOTAL TAX		REQUIRED EVEN IF NO TAX IS DUE.	IF YOU RENT PLEASE	GIVE
LIABILITY	RESIDENT N		LANDLORD INFORMAT	
TOTAL TAX	IF YOU MOVED DURING T		NAME:	
PAID W/RETURN	INTO / /	OUT OF / /	ADDRESS:	
CHECK #			-	
NAME:		TAXPAYER'S SOCIAL SEC	. NO.	
ADDRESS:		SPOUSE'S SOCIAL SEC. N	0.	
		PHONE NO.		
	EXEMPTION FORM CHE	CK APPROPRIATE BOX		ACCOUNT NUMBER
I AM EXEMPT BECAUSE:	I AM UNDER 18 YE	ARS OF AGE - BIRTHDATE		
I AM RETIRED AND HAVE NO	D TAXABLE INCOME - DATE RETI	IRED - TAXPAYER S	POUSE	_
I HAD NO TAXABLE INCOME	ACTIVE MILITARY	Y FULL TIME STUDEN	T (DID NOT WORK)	
	DISABLED	SOCIAL SECURITY / F	ENSION	
NOTE: IF TOU ARE EXEMIN	PT - STOP HERE, SIGN, DATE	AND MAIL FOUR RETORN		
(ATTACH FORM 2106 AND FEDI 3. OTHER INCOME: FROM Fed. So (ATTACH ALL SCHEDULES AND 4. TOTAL INCOME LINE 1 MINUS 5. ASHLAND INCOME TAX 1.5% O 6. CREDITS A. ASHLAND INCOME TAX WIT	ERAL SCHEDULE A)(BOTH FORM chedule C, E, K-1, 1099'S, FEES, C D TENANT ROSTERS) (1099R'S A LINE 2 PLUS LINE 3 = F LINE 4 (LINE 4 X .015) HHELD BY EMPLOYER'S)	NE 27 FROM FEDERAL SCHEDULE A) IS MUST BE ATTACHED TO RECEIVE COMMISSIONS, GAMBLING & MISCELI RE NOT TAXABLE TO THE CITY) 6A. \$	DEDUCTION) LANEOUS 3. \$ 4. \$	
B. TAXES PAID TO OTHER CITI C. ESTIMATED TAX PAYMENTS	PAID TO ASHLAND	6B. \$ 6C. \$		
D. OVERPAYMENT FROM PRIO		6D. \$		
E. TOTAL CREDITS (ADD A, B, 7. TAX DUE (LINE 5 MINUS 6E)	C AND D)	- 6E.\$	7. \$	
8. A. OVERPAYMENT CLAIMED IF	LINE 7 IS MINUS	8A. \$		
B. ENTER AMT OF LINE 7 YOU	WANT APPLIED TO NEXT YR.	8B. \$		
C. ENTER AMT OF LINE 7 YOU	WANT TO BE REFUNDED	8C. \$		
9. INTEREST (1.5% PER MONTH	OF TAX DUE ON LINE 7)		9. \$	
10. LATE FILING PENALTY (\$25.00) or NON PAYMENT PENALTY (\$25.00)			10. \$	
States and the second states	payment or refund for amount			
11. AMOUNT DUE - PAY IN FULL V	VITH RETURN (DUE APRIL 15th)		11. \$	
100		STIMATED TAX FOR TAX YEAR		
	plete this section if amount du			
12. ESTIMATED TAXABLE INCO 13. ESTIMATED TAX DUE (Multip		12. \$	12 6	
14. TAXES TO BE WITHHELD AN		14. \$	13. \$	
15. TAXES PAID TO OTHER CITI		15. \$		
16. LESS OVERPAYMENT FROM		16. \$		
17. TOTAL OF LINES 14, 15 AND		17. \$		
18. NET ESTIMATED TAX DUE (S			18.5	
19. MINIMUM AMOUNT DUE FOR		y .25)	19.\$	
20. TOTAL AMOUNT DUE (Add lines 11 and 19)				

PLEASE SIGN AND DATE THIS RETURN ON THE BACK OF THIS PAGE.

ASHLAND CITY INCOME TAX RETURN

* Taxpayer's Signature D	Date Date Date				
Preparer's SignatureD	Date Company NamePhone No				
I (WE) AUTHORIZE THE INCOME TAX DEPT TO DISCUSS THIS RETURN AND ENCLOSURES WITH THE PREPARER ABOVE Check here					
If you have your taxes prepared by a tax preparer and would prefer not to receive a tax return next year, please indicate placing an X here This does not alleviate your obligation to file.					
OUR TAX FORMS CAN BE OBTAINED AT THE LIBRARY,	MUNICIPAL BUILDING, INCOME TAX DEPT. AND OUR WEBSITE: ashlandincometax.com				
IF YOU WOULD LIKE TO RECEIVE INFORMATION BY E-M	MAIL, PLEASE PROVIDE US WITH YOUR E-MAIL ADDRESS HERE:				
*****	***************************************				
	INSTRUCTIONS				
RESIDENCY STATUS: - You must complete the residency Status Ir					
NAME AND ADDRESS - Please make any changes to your address	Amounts under \$5.00 are not payable. s on the form.				
	LINE 8 - OVERPAYMENT				
DENTIFICATION NUMBERS - Enter S.S Number of Taxpayer and					
INE 4 WACES Enter Medicare Manage leasted in Day 5 - (11)	A. If line 5(Ashland Income Tax) is less than 6E (Total Credits)				
INE 1 - WAGES Enter Medicare Wages located in Box 5 of W- include salaries and tips. If no wages appear in box 5 use the hig					
wages that appear on the W-2.*	B. Enter the portion of line 8A that you would like applied to next year's return.				
* All copies of W-2's MUST be attached to the Tax Return.	C. Enter the portion of line 8A that you would like refunded. Amounts under \$5.00 will not be refunded.				
LINE 2 - FEDERAL FORM 2106 Employee Business Expense					
COPIES OF FORM 2106 AND SCHEDULE "A" USING LINE 27 MU	IST BE LINE 9 - INTEREST - Interest will be assessed on any unpaid tax				
ATTACHED.	balance. The interest rate is 1.5% per month.				
Enter amount of expense that is applicable to Ashland Taxable In					
If schedule "A" is not used, complete documentation MUST be pr	you are subject to a penalty of \$25.00. If you do not send payment				
LINE 3 - OTHER INCOME - Federal Schedules C, E, K-1, 1099 m					
gamblings & lottery winnings. NOTE business or rental losses of					
off set W-2 wages. ALL SCHEDULES MUST BE ATTACHED	LINE 11 - TOTAL TAX DUE BY APRIL 15th				
	Add lines 7, 9 and 10. REMIT TO:				
LINE 4 - TOTAL TAXABLE INCOME The sum of lines 1,2 and 3					
LINE 5- ASHLAND INCOME TAX Multiply line 4 by 1.5% and en	ter that CITY OF ASHLAND				
amount.	INCOME TAX DEPARTMENT				
	218 LUTHER STREET				
LINE 6 - CREDITS ALLOWABLE	ASHLAND OHIO 44805-3128				
A. ASHLAND INCOME TAX WITHHELD BY EMPLOYER(S)					
B. TAXES PAID TO OTHER CITIES (1% OF W-2 WAGES)					
C. ESTIMATED TAX PAYMENTS PAID TO ASHLAND	DECLARATION OF ESTIMATED TAX				
D. OVERPAYMENT FROM PRIOR YEAR E. TOTAL CREDITS (ADD A, B, C AND D)	Line 12-19 Self-explanatory.				
	LINE 20 - BALANCE OF TOTAL AMOUNT DUE BY APRIL 15th				
LINE 7 - TAX DUE - If line 5 (Ashland Income Tax) is more than lin	ne 6(E)				
All extensions must be received	d by April15thAn extension request is not an extension of time to pay.				
MAKE CHECK OR MONEY ORDER	CREDIT CARD INFORMATION FOR PAYMENT				
PAYABLE TO:	Enjoy the convenience, flexablity and rewards of credit card payments.				
ASHLAND MUNICIPAL INCOME TAX	American Express, Master Card, Discover & VISA				
218 LUTHER ST, ASHLAND OH 44805	Call 1-800-272-9829 or Visit				
PH: 419-289-0386 FAX: 419-289-9225	www.officialpayments.com				

EFFECTIVE JANUARY 2014 WE WILL BE ACCEPTING VISA, DISCOVER AND MASTER CARD PAYMENTS IN OUR OFFICE.