File With Form IR CITY OF MASON TAX OFFICE 6000 Mason-Montgomery Road Mason, Ohio 45040

2014 - MASON INCOME TAX RETURN - 2014

FILE ON OR BEFORE APRIL 15, 2015 – FILING REQUIRED EVEN IF NO TAX IS DUE.

LATE FILING AND/OR LATE PAYMENT OF TAX DUE SUBJECTS YOU TO A MINIMUM \$20 PENALTY.

90% OF THE TAX MUST BE PAID BY JANUARY 31, 2015 TO AVOID PENALTY AND INTEREST.

Phone: (513) 229-8535 Fax: (513) 229-8531 www.imaginemason.org Make checks payable to: CITY OF MASON TAX OFFICE

Account N	umbar		SOCIAL SECURITY #
Account N	umber		SPOUSE'S SS #
Name			ARE YOU A FULLTIME STUDENT?
			ARE YOU A NEW RESIDENT? ☐ YES ☐ NO
Address			IF YOU MOVED DURING THE YEAR:
City/State/	Zip.		PRIOR ADDRESS
Oity/State/	ΣΙΡ		DATE MOVED TO MASON
E-mail			DATE MOVED FROM MASON
			CITY OF RESIDENCE
MAY THE TAX	OFFICE COMMUNICATE WITH YOU VIA THE ABOV	E E-MAIL ADDRESS? YES NO	☐ RESIDENT ☐ NON-MASON RESIDENT
STATUS	☐ Single☐ Married filing joint return (do not have to fild☐ Married filing separate Mason return. Enter	e same status as Federal). Did you file a joint or s spouse's social security number above and full	separate Mason return last year? ☐ Joint ☐ Separate I name here. ►
INCOME	1. Total Wages from page 2, Works	heet A, line E, Column 1	1 \$ → W-2(s)
	2. Total 2106 Expenses from page 2	2, Worksheet A, line E, Column 2	
			6 \$ 1099-MISC
TAX		LY LINE 6 BY 1.12% (.0112)	FORM 4797
TAX			line 6 by 0.12% (.0012) 8a \$
WITHHELD,	 b. Credit for Taxes Withheld for O 	ther Cities (from page 2, Worksheet A, lir	ne E. Column 6a or 6b) 8b \$
PAYMENTS	c. Credit for Taxes Paid to Other	Cities (from page 2, Worksheet C, line 0	C) 8c \$ → OTHER CITY RETUR
AND	d. Enter on line 8 Total of 8a plus	s 8b plus 8c	8 \$
CREDITS			umn 4
BALANCE	13 TAX DUE If line 7 is more than li	ine 12 enter tax due here (See Sten-Ry	-Step Instructions)
DUE,			
REFUND			15 \$
OR			\$3)
CREDIT			4-15) if any
DECLA	RATION OF ESTIMATED TAX FOI	<u> </u>	
			NTF OF 1 100/ (0110)
ESTIMATE FOR	20. TOTAL INCOME SUBJECT TO IA	AX \$ MULTIPLY BY TAX RA	ATE OF 1.12% (.0112)
NEXT		CITY \$ MULTIPLY BY 1% (.01) IF	
YEAR		MULTIPLY BY 1.12% (.0112) IF OTHER CITY TAXII	
		21A THROUGH 21C)(SUBTRACT LINE 21 FROM LINE 20) N	
			ENALTY
			23 \$
		,	24 \$
	25. FIRST QUARTER ESTIMATED PA	AYMENT (LINE 24 DIVIDED BY 4)*	25 \$
TOTAL DUE			
	ed declares that this return (and accompanying sch	rter Courtesy Coupons are available at www.imagine edules) is a true, correct and complete return for the	taxable period stated and that the figures used herein are the same as used for Federal
SIGNATURE C	F TAXPAYER (REQUIRED)	DATE	TO PAY BY CREDIT CARD: Enter number and expiration date fully and accurate
	, ,		VISA NO.
SIGNATURE C	F SPOUSE (REQUIRED IF JOINT RETURN)	PHONE #	🗪 NO.
SIGNATURE C	F PREPARER, IF OTHER THAN TAXPAYER	DATE E-MAIL	EXP / AMOUNT AUTHORIZED: \$
NAME AND A	DDRESS OF PREPARER	PHONE #	PHONE NUMBER: (H) (W)
MAY THE MA	SON TAX OFFICE DISCUSS THIS RETURN WITH TH	HE PREPARER SHOWN? ☐ YES ☐ NO	CARDHOLDER SIGNATURE:

WORKSHEET A - SALARIES, WAGES, TIPS AND OTHER EMPLOYEE COMPENSATION PER W-2(S) (PLEASE SEE THE STEP-BY-STEP INSTRUCTIONS)

	COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLU	JMN 6
				USE ONLY IF "MASON" IN BOX 20	USE ONLY IF CITY OTHER THAN "MASON" IN BOX 20	A USE ONLY IF TAKING RESIDENT HOMEOWNER CREDIT LINE 8A	B USE ONLY IF NOT TAKING RESIDENT HOMEOWNER CREDIT LINE 8A
NAME OF EMPLOYER	W-2 BOX 5 MEDICARE WAGES; IF BOX 5 BLANK, USE BOX 18	2106 EXPENSES (IF ANY), SEE GENERAL INFORMATION (I)	CITY WHERE EMPLOYED (W-2 BOX 20)	W-2 BOX 19 MASON TAX WITHHELD	LOCAL WAGES (OTHER THAN MASON) FROM W-2 BOX 18 (CANNOT EXCEED AMOUNT IN COLUMN 1)	CREDIT FOR OTHER CITY'S TAX WITHHELD (subtract COL 2 FROM COL 5 AND multiply RESULT BY 1%)	CREDIT FOR OTHER CITY'S TAX WITHHELD (subtract COL 2 FROM COL 5 AND multiply RESULT BY 1.12%) ENTER SMALLER OF THIS AMOUNT OR W-2 BOX 19
A.							
В.							
C.							
D.							
E. TOTALS, IF NONE ENTER 0							

 $\label{eq:page 1} \begin{tabular}{ll} $ & \longrightarrow $ PAGE 1, LINE 1 \\ \hline \end{tabular} \begin{tabular}{ll} $ & \longrightarrow $ PAGE 1, LINE 9 \\ \hline \end{tabular} \begin{tabular}{ll} $ & \longrightarrow $ PAGE 1, LINE 8B \\ \hline \end{tabular}$

		THER CITY? CALCULATE COL STEP-BY-STEP INSTRUCTI			CITY, not BOX 18 AMOUNT. ATTA	ACH DOCUMENTATION	
W	WORKSHEET B - OTHER TAXABLE INCOME (SEE GENERAL INFORMATION L AND STEP-BY-STEP INSTRUCTIONS)						
1	a. Total Business Inco. Total Farm Income Total (add a plus b Percentage Taxab	e or (Loss) per Form 1040, o)le to Mason (Full Year Resi	40, line 12 (Attach all Federaline 18 (Attach all Federaldents enter 100%)	eral Schedules C)	a. b c d d d		
1	a. Net Rental Incomeb. Net Income (Loss)c. Total Schedule E Id. Percentage Taxab	from Partnerships, S Corp ncome (Loss) (add a and b le to Mason (Full Year Resi	porations, Estates and Trus (Should agree with line 1 dents Enter 100%)	ts, Other 7 Form 1040)	abcdTotal (B-2) e.		
;	a. Total 1099-Misc Ir o. Other (Explain)		eral Schedule C		a. b		
5.	4. TAXABLE INCOME BEFORE PRIOR YEAR LOSSES (TOTAL B-1+TOTAL B-2+TOTAL B-3)						
• Pl	6. TAXABLE INCOME AFTER PRIOR YEAR LOSSES (subtract B-5 from B-4)						
W	ORKSHEET C - CAL	COLUMN 1	OR TAXES PAID TO OTHER COLUMN 2	COLUMN 3	COLUMN	4	
					CREDIT FOR TAXES PAID TO ANOTH	IER CITY (COLUMN 2 X 1%)	

	COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4
INCOME SOURCE BUSINESS NAME/RENTAL/ETC.	NAME OF CITY	Taxable income (attach local return)	LOCAL TAXES PAID TO ANOTHER CITY AS SHOWN ON RETURN	CREDIT FOR TAXES PAID TO ANOTHER CITY (COLUMN 2 X 1%) (NOTE: IF NOT TAKING RESIDENT HOMEOWNER CREDIT, MULTIPLY BY UP TO 1.12% – NOT TO EXCEED OTHER CITY TAX RATE.)
A.				
B.				
SUBTOTAL				
C. MULTIPLY THE SUBTOTAL IN COL	UMN 4 BY THE PERCENTAGE ON WO	ORKSHEET B, LINE 1d or 2d	TOTAL	