

File With CITY OF MASON TAX OFFICE 6000 Mason-Montgomery Road Mason, Ohio 45040	Form IR 	2017 - MASON INCOME TAX RETURN - 2017 FILE ON OR BEFORE APRIL 17, 2018 – FILING REQUIRED EVEN IF NO TAX IS DUE. <small>LATE FILING AND/OR LATE PAYMENT OF TAX DUE SUBJECTS YOU TO A PENALTY. 90% OF THE TAX MUST BE PAID BY DECEMBER 15, 2017 TO AVOID PENALTY AND INTEREST.</small>	Phone: (513) 229-8535 Fax: (513) 229-8531 www.imagemason.org Make checks payable to: CITY OF MASON TAX OFFICE
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Account Number _____ Name _____ Address _____ City/State/Zip _____ E-mail _____ MAY THE TAX OFFICE COMMUNICATE WITH YOU VIA THE ABOVE E-MAIL ADDRESS? <input type="checkbox"/> YES <input type="checkbox"/> NO	SOCIAL SECURITY # _____ SPOUSE'S SS # _____ DID YOU FILE A MASON RETURN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO ARE YOU A FULLTIME STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO ARE YOU A NEW RESIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YOU MOVED DURING THE YEAR: PRIOR ADDRESS _____ DATE MOVED TO MASON _____ DATE MOVED FROM MASON _____ CITY OF RESIDENCE _____ <input type="checkbox"/> RESIDENT <input type="checkbox"/> NON-MASON RESIDENT
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FILING STATUS	<input type="checkbox"/> Single <input type="checkbox"/> Married filing joint return (do not have to file same status as Federal). Did you file a joint or separate Mason return last year? <input type="checkbox"/> Joint <input type="checkbox"/> Separate <input type="checkbox"/> Married filing separate Mason return. Enter spouse's social security number above and full name here. ► _____	IF FILING PAPER RETURN, YOU MUST ATTACH: W-2(s) FORM 2106 FED SCHED A EXPLANATION FED. 1040 PG 1 FED. SCHS C,E,F 1099-MISC FORM 4797 W2-G OTHER CITY RETURN
INCOME	1. Total Wages from page 2, Worksheet A, line E, Column 1 1 \$ _____ 2. Total 2106 Expenses from page 2, Worksheet A, line E, Column 2 2 \$ _____ 3. Part-year Resident Adjustment (explain calculation) 3 \$ _____ 4. TAXABLE WAGES, SUBTRACT LINES 2 & 3 FROM LINE 1 4 \$ _____ 5. Total other income from page 2, Worksheet B, line 7, Column C (IF LOSS ENTER 0) 5 \$ _____ 6. MASON TAXABLE INCOME (ADD LINES 4 AND 5) 6 \$ _____	
TAX	7. MASON INCOME TAX – MULTIPLY LINE 6 BY 1.12% (.0112) 7 \$ _____	
TAX WITHHELD, PAYMENTS AND CREDITS	8. a. Resident Homeowner Credit (DO YOU QUALIFY? SEE INSTRUCTIONS) Multiply line 6 by 0.12% (.0012) 8a \$ _____ b. Credit for Taxes Withheld for Other Cities (from page 2, Worksheet A, line E, Column 6A or 6B) 8b \$ _____ c. Credit for Taxes Paid to Other Cities (from page 2, Worksheet C, line C) 8c \$ _____ d. Enter on line 8 Total of lines 8a through 8c 8 \$ _____ 9. Total Mason income tax withheld from page 2, Worksheet A, line E, Column 4 9 \$ _____ 10. Prior year overpayments 10 \$ _____ 11. Estimated payments 11 \$ _____ 12. TOTAL PAYMENTS AND CREDITS – ADD LINES 8 THROUGH 11 12 \$ _____	
BALANCE DUE, REFUND OR CREDIT	13. TAX DUE. If line 7 is more than line 12, enter tax due here (See Step-By-Step Instructions) 13 \$ _____ 14. Penalty: late filing (\$25.00 per month or fraction thereof, not to exceed \$150.00) 14 \$ _____ 15. Penalty: late payment (15% of the amount not timely paid) 15 \$ _____ 16. Interest: See General Information (O) 16 \$ _____ 17. TOTAL DUE (ADD LINES 13 THROUGH 16) (ENTER 0 IF \$10 OR LESS) 17 \$ _____ 18. OVERPAYMENT. If line 7 is less than line 12, enter result less P&I (lines 14-16) if any 18 \$ _____ 19. AMOUNT FROM LINE 18 TO BE CREDITED TO NEXT YEAR (Enter 0 if \$10 or less) 19 \$ _____ 20. AMOUNT FROM LINE 18 TO BE REFUNDED (Enter 0 if \$10 or less) 20 \$ _____	

DECLARATION OF ESTIMATED TAX FOR 2018 – REQUIRED IF ESTIMATED TAX LIABILITY IS \$200 OR GREATER	
ESTIMATE FOR NEXT YEAR	21. TOTAL INCOME SUBJECT TO TAX \$ _____ MULTIPLY BY TAX RATE OF 1.12% (.0112) 21 \$ _____ 22. a. RESIDENT HOMEOWNER CREDIT (IF YOU QUALIFY) MULTIPLY TOTAL INCOME BY 0.12% (.0012) a \$ _____ b. TOTAL INCOME TAXED BY ANOTHER CITY \$ _____ MULTIPLY BY 1% (.01) IF CLAIMING RESIDENT HOMEOWNER CREDIT; OTHERWISE MULTIPLY BY 1.12% (.0112) IF OTHER CITY TAXING RATE IS ≥ 1.12% b \$ _____ c. TAX WITHHELD FOR MASON c \$ _____ d. TOTAL CREDITS (ADD LINES 22a THROUGH 22c) 22 \$ _____ 23. NET ESTIMATED TAX LIABILITY (SUBTRACT LINE 22 FROM LINE 21) NOTE: 90% OF YOUR ACTUAL TAX LIABILITY MUST BE PAID BY JANUARY 15, 2019 TO AVOID A PENALTY. 23 \$ _____ 24. ENTER PRIOR YEAR CARRYOVER CREDIT FROM LINE 19 ABOVE. 24 \$ _____ 25. SUBTRACT LINE 24 FROM LINE 23 (ESTIMATED TAX FOR 2018) 25 \$ _____ 26. FIRST QUARTER ESTIMATED PAYMENT (LINE 25 DIVIDED BY 4)* 26 \$ _____
TOTAL DUE	27. Enter balance due from line 17 above (enter 0 if \$10 or less) 27 \$ _____ 28. TOTAL TAX DUE ADD LINES 26 & 27. PLEASE MAKE CHECKS PAYABLE TO CITY OF MASON TAX OFFICE 28 \$ _____

*First Quarter Estimate included here. Subsequent payments are due by the 15th of June, September, & January. Blank 2nd, 3rd and 4th Quarter Courtesy Coupons are available at www.imagemason.org.
 The undersigned declares that this return (and accompanying schedules) 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 Income Tax purposes.

SIGNATURE OF TAXPAYER (REQUIRED)	DATE	TO PAY BY CREDIT CARD: Enter number and expiration date fully and accurately.
SIGNATURE OF SPOUSE (REQUIRED IF JOINT RETURN)	PHONE #	VISA NO. _____ M/C NO. _____ EXP. DATE ____/____/____ AMOUNT AUTHORIZED: \$ _____ PHONE NUMBER: (H) _____ (W) _____ CARDHOLDER SIGNATURE: _____
SIGNATURE OF PREPARER, IF OTHER THAN TAXPAYER	DATE E-MAIL	
NAME AND ADDRESS OF PREPARER	PHONE #	
MAY THE MASON TAX OFFICE DISCUSS THIS RETURN WITH THE PREPARER SHOWN? <input type="checkbox"/> YES <input type="checkbox"/> NO		

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	COLUMN 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) LIMITED TO AMOUNT DEDUCTED ON FEDERAL RETURN	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%) (ENTER SMALLER OF THIS AMOUNT OR W-2 BOX 19) 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.						
B.						
C.						
D.						
E. TOTALS, IF NONE ENTER 0						

↳ PAGE 1, LINE 1

↳ PAGE 1, LINE 2

↳ PAGE 1, LINE 9

↳ PAGE 1, LINE 8b

- 2017 REFUND FROM ANOTHER CITY? CALCULATE COLUMN 6 CREDIT USING FINAL WAGES TAXABLE TO OTHER CITY, *not* BOX 18 AMOUNT. **ATTACH DOCUMENTATION**
- PLEASE RETURN TO STEP-BY-STEP INSTRUCTIONS AFTER COMPLETING WORKSHEET A

WORKSHEET B – OTHER TAXABLE INCOME (SEE GENERAL INFORMATION L AND STEP-BY-STEP INSTRUCTIONS)

	A	B	C
SCHEDULES--Attach all Federal Schedules and Other Applicable Documentation	INCOME/LOSS FROM FEDERAL SCHEDULES	% TAXABLE TO MASON (FULL YEAR RESIDENTS 100%)	TAXABLE INCOME (A x B)
1 SCHEDULE C – TOTAL BUSINESS INCOME (LOSS) PER FORM 1040, LINE 12			
2 SCHEDULE F – TOTAL FARM INCOME (LOSS) PER FORM 1040, LINE 18			
3 (A) SCHEDULE E - NET RENTAL INCOME (LOSS)			
3 (B) SCHEDULE E - NET INCOME (LOSS) FROM PARTNERSHIPS, S CORPORATIONS, ESTATES AND TRUSTS, OTHER			
PLEASE NOTE THAT 3 (A) PLUS 3 (B) SHOULD EQUAL LINE 17 OF 1040			
4 FORM 4797 - ORDINARY INCOME (LOSS) PER FORM 1040, LINE 14			
5 (A) TOTAL 1099-Misc (if not included in Schedule C)			
5 (B) TOTAL GAMBLING WINNINGS FORM W-2G			
5 (C) TOTAL OTHER (TIPS, PRIZES, JURY DUTY, ETC)			
PLEASE NOTE THAT LINES 5 (a) THROUGH 5 (c) SHOULD EQUAL LINE 21 OF 1040			
6 PRIOR YEAR LOSSES CARRIED FORWARD AND USED IN CURRENT YEAR YEARS: 2012 () + 2013 () + 2014 () + 2015 () + 2016 ()			
7 TOTAL OTHER TAXABLE INCOME (Combine Line 1 through Line 6)			

Note: Enter "0" if Line 7 C is a loss PAGE 1, LINE 5

- PLEASE RETURN TO STEP-BY-STEP INSTRUCTIONS AFTER COMPLETING WORKSHEET B

WORKSHEET C – CALCULATION OF CREDIT FOR TAXES PAID TO CITIES FOR NON W-2 INCOME ONLY

	COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4
INCOME SOURCE BUSINESS NAME/RENTAL/ETC.	NAME OF CITY	YOUR SHARE OF INCOME TAXED BY OTHER CITY	AMOUNT TAXED BY MASON (AS SHOWN ABOVE)	CREDIT FOR TAXES PAID TO ANOTHER CITY (MULTIPLY SMALLER OF COLUMN 2 OR 3 BY 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 COLUMN 4 BY THE PERCENTAGE ON WORKSHEET B, COLUMN B			TOTAL	

- PLEASE RETURN TO STEP-BY-STEP INSTRUCTIONS AFTER COMPLETING WORKSHEET C

↳ PAGE 1, LINE 8c