ATTACH W-2(s) HERE

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

FORM IR-EZ (W-2 INCOME ONLY) 2020 - MASON INCOME TAX RETURN - 2020

FILE ON OR BEFORE APRIL 15, 2021 – FILING REQUIRED EVEN IF NO TAX IS DUE. LATE FILING AND/OR LATE PAYMENT OF TAX DUE SUBJECTS YOU TO A PENALTY. 90% OF THE TAX MUST BE PAID BY JANUARY 15, 2021

AND ANY REMAINING BALANCE PAID BY APRIL 15, 2021 TO AVOID LATE PAYMENT PENALTY AND INTEREST.

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

Account Number							SOCIAL SECURITY #									
Name			DID YOU FILE A MASON RETURN LAST YEAR? YES NO ARE YOU A FULLTIME STUDENT? YES NO													
													R FILER			
Address									VED DU R ADDR	RING TH	HE YE	AR:				
City/State/Zip				DATE MOVED TO MASON												
E-mail									MOVED		MASO	N				_
MAY THE MASON	TAX O	FFICE C	OMMUNICATE WITH YOU	VIA THE ABOVE E-MA	IL ADDRESS? ☐ YES ☐ NO)		□ RE	ESIDEN	т 🗆	NON-	MASO	N RESID	ENT		
FILING STATUS					n if only one had income). D e's social security number al				son ret	urn last	year?	? 🗆 J	loint 🗆	Separa	te	
WORKSHEE	TA	SALA	ARIES, WAGES, TIP	S AND OTHER E	MPLOYEE COMPENSA	TION PER W	-2(S) (PLI	EASE	SEE	THE S	TEP-	BY-S	TEP IN	STRUC	10IT;	NS)
			COLUMN 1	COLUMN 2	COLUMN 3	CC	DLUMN 4		1	CDED	T FOD		LUMN 5	TAN MUTI	IIIEI D	
NAME OF EMPLOYE	R		MEDICARE WAGES W-2 (BOX 5) IF BOX 5 BLANK, USE BOX 18	CITY WHERE EMPLOYED W-2 (BOX 20)	BOX 19 MASON TA WITHHELD (ONLY EN IF "MASON" IN BOX	TER THAN MAS	Vages (OTH ON) W-2 (BO CEED COL 1	X 18)		IF TAKIN	ig hoi Omeo'	meown Wner	R CITY'S NER CREI CREDIT: HIS AMOU	OIT: (COL (COL 4 X	4 X 1 ¹ 1.129	%) %)
B.																
<u>C.</u> D.																—
E. TOTALS, IF NONE E	NTER ()														
DI EACE DETIIE	N TO	STED I	LINE 1 BELOW	S VELEB CUMDI ETIN	LINE 7 BELOW IG WORKSHEET A • 2020 R	EEIIND EDOM AN	ווודוובם כי	ITV2 I	DI EVG	E DDUN			E 6 BELO			
INCOME																
INCOME	2.	. Total Wages from Worksheet A, line E, Column 1 (W-2s MUST BE ATTACHED)													_	
TAV					ST ATTACH PAGE 1 OF FEDE 12).)											
TAX WITHHELD,																
PAYMENTS	6.	Resident Homeowner Credit (DO YOU QUALIFY? SEE INSTRUCTIONS) Multiply line 3 by 0.12% (.0012) 5 \$ 6 \$														
AND CREDITS	7. 8	7. Total Mason income tax withheld (from Worksheet A, line E, Column 3)														
	9.	Estimated payments 9 \$ TOTAL PAYMENTS AND CREDITS. (Add lines 5 through 9.) 10 \$														
DALANOE																
BALANCE DUE, REFUND OR CREDIT	12.	Penalt	y: late filing (\$25 per mo	onth or fraction thereo	e here (line 4 minus line 10) f, not to exceed \$150)							11 12	\$ —— 2 \$ ——			_
		B. Penalty: late payment (15% of amount not timely paid) See General Information (M)														
		Interest. See General Information (N)										\equiv				
					verpayment here, less P&I (li YEAR (Enter 0 if \$10 or less.							_				
	18.	AMOU	NT FROM LINE 16 TO BE	REFUNDED (Enter 0	if \$10 or less.)			18 \$								
DECLARATI	ON C	OF ES	TIMATED TAX FOR	2021 – REQUIRE	D IF ESTIMATED TAX	IS \$200 OR G	REATER	l								
ESTIMATE					Multiply by tax rate of 1.12%								\$			
FOR NEXT YEAR	20.				Y) Multiply total income by 0 ——— Multiply by 1% (.01) if			. a \$				_				
		Hor	neowner Credit; otherwise	multiply by 1.12% (.01	: 1.12%											
												<u> </u>) \$			
	21.	NET ESTIMATED TAX LIABILITY (Subtract line 20 from line 19.)														
	22.	NOTE: 90% OF YOUR ACTUAL 2021 TAX LABILTY MUST BE PAID BY JANUARY 15, 2022 TO AVOID A PENALTY														
					21)led by 4)*											
TOTAL DUE					O if \$10 or less.)											_
TOTAL DUE					CHECKS PAYABLE TO CITY OF											_
					otember and January. Blank 2nd, 3									ome tax ı	nurnos	es
			, and a second and a second	,, 5511004, 011	The second of th	TO PAY B	•								·	
SIGNATURE OF TAXPA	YER (RE	QUIRED)		DATE	PHONE #	- VISA NO.			ם. בותפ 		anu	expirat			accul	alely.
SIGNATURE OF SPOU	SE (DEC	IIIDED IE	IOINIT DETI IDAN	DATE		NO.		<u> </u>		1 1				 		Щ
SIGNATURE OF SPOU	oc (HEC	OIKED IF	OUINT RETURN)	DATE		CVV	EX	IP.	<u> </u>			AMOUN	I L			
SIGNATURE OF PREPA	RER, IF	OTHER T	HAN TAXPAYER	DATE	E-MAIL	CODE	DA		/	/		AUTHO	RIZED: \$			
NAME AND ADDRESS	OF PRE	PARER		PHONE #		– NUMBER: (H				(W)					
			ISCLISS THIS BETLIBN WI		OWN2 VES NO	CARDHOLDER SIGNATURE:	3									

☐ YES ☐ NO

MAY THE MASON TAX OFFICE DISCUSS THIS RETURN WITH THE PREPARER SHOWN?