## 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) 2021 - MASON INCOME TAX RETURN - 2021

FILE ON OR BEFORE APRIL 18, 2022 - 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, 2022 AND ANY REMAINING BALANCE PAID BY APRIL 18, 2022 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 #SPOUSE'S SS #										
Name(s)								DID YOU	U FIL	E A M	OSA	N RETU	JRN L		YEAR?			
								ARE YO						YEAR	R FILER			ON [
Address								IF YOU I		ED DL ADDR			YEAR	/ARE	A NEW	RESIDE	NT:	
City/State/Zip								DA	ATE N	10VED	ото	MASO						
E-mail								CITY OF	RES	SIDEN	CE _							
MAY THE MASON	TAX O				NIL ADDRESS?  YES 1										RESID			
FILING STATUS					ot have to file same status a se's social security number					rate N	/laso	n retui	rn las	t yea	r? 🗆 .	Joint [	] Se	parate
WORKSHEE	TA	SALA			MPLOYEE COMPENS	ATION PER			ASE	SEE	THE	STE	P-B			STRU	CTIC	ONS)
			COLUMN 1	COLUMN 2	COLUMN 3		COLUM	N 4			CI	REDIT F	UB U		CITY'S	TAX WIT	HHEI	n
NAME OF EMPLOYE	R		MEDICARE WAGES W-2 (BOX 5) IF BOX 5 BLANK, USE BOX 18	CITY WHERE EMPLOYED W-2 (BOX 20)	W-2 BOX 19 MASON WITHHELD (ONLY EI IF "MASON" IN BOX	NTER THAN N	MASON) (	S (OTHER W-2 BOX ) COL 1 A	18)		IF T	aking 10 hom	HOME IEOWN	OWNI JER (	er crei Credit:	OIT: (COI (COL 4 ) NT OR W-	_ 4 X ( 1.1:	1%) 2%)
B.																		
C. D.																		
E. TOTALS, IF NONE E	NTER (	)																
• PI FΔSF RETUR	N TO	STEP-	LINE 1 BELOW	S AFTER COMPLETI	LINE 7 BELO\ NG WORKSHEET A • 2021		Ι ΔΝΩΤΙ	IER CITY	V2 P	ΙFΔS	F PF	envin:			6 BELO			
INCOME																		
INCOME	2.	Total Wages from Worksheet A, line E, Column 1 (W-2s MUST BE ATTACHED)																
TAV																		
TAX WITHHELD,					112).) EE INSTRUCTIONS) Multiply													
PAYMENTS	6.	Credit	for Taxes Withheld to Ot	her Cities (from World	sheet A, line E, Column 5)									. 6	\$			
AND CREDITS	7.	7. Total Mason income tax withheld (from Worksheet A, line E, Column 3)											\$					
	9.	Prior year overpayments 8 \$																
					ıgh 9.)													
BALANCE DUE, REFUND	11.	TAX D	UE. If line 4 is more that	n line 10, enter tax d	ue here (line 4 minus line 1) of, not to exceed \$150)	0)								. 11	\$			
OR CREDIT	13.	Penalt	y: late payment (15% of	amount not timely p	aid) See General Information	ı (M)								. 13	\$			
		Interest. See General Information (N )																
	16.	OVER	PAYMENT. If line 4 is less	than line 10, enter of	overpayment here, less P&I (	lines 12-14) if	any	16	3\$_					_	Ψ			
	17.	AMOU	NT FROM LINE 16 TO BE	CREDITED TO NEXT	YEAR (Enter 0 if \$10 or less if \$10 or less)	6.)		17	7\$_ 2¢					-				
					ED IF ESTIMATED TAX				- Ψ					-				
ESTIMATE					Multiply by tax rate of 1.12°									10	¢			
FOR NEXT		a. RE	SIDENT HOMEOWNER CF	REDIT (IF YOU QUALIF	Y) Multiply total income by	0.12% (.0012).									Φ			
YEAR		b. TOTAL <b>INCOME</b> 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%																
					c \$													
	21		· · · · · · · · · · · · · · · · · · ·															
	21.	NET ESTIMATED TAX LIABILITY (Subtract line 20d from line 19.)  NOTE: 90% OF YOUR ACTUAL 2022 TAX LIABILTY MUST BE PAID BY JANUARY 15, 2023 TO AVOID A PENALTY																
		Enter prior year carryover credit from line 17 above. 22 \$ Subtract line 22 from line 21 (Estimated Tax for 2022). 23 \$																
					ded by 4)*													
TOTAL DUE					0 if \$10 or less.)													
				, , , , , , , , , , , , , , , , , , ,	CHECKS PAYABLE TO CITY O													
					eptember and January. Blank 2nd, nd complete return for the taxable											ome tax	purpo	oses.
SIGNATURE OF TAXPA	YER (RF	QUIRED		DATE	PHONE #		1 1	REDIT C	ARD	Ente	r nur	nber a	nd ex	piratio ı	on date	fully an	d acc	urately.
	(1 112			5,4,2		VISA N	0.					<u> </u>	$\bigsqcup_{\cdot}$			<u> </u>		
SIGNATURE OF SPOUS	SE (REC	UIRED IF	JOINT RETURN)	DATE		Material No.	Э.				$\perp$	$\perp$						
SIGNATURE OF PREPARER, IF OTHER THAN TAXPAYER DATE E-MAIL				CVV		EXP. DATE		/_	/	/	AN AU	MOUNT JTHOR	r IIZED: \$					
	~=-					PHONE NUMBER	: (H)					(VV)		_				
NAME AND ADDRESS			ISOLISS THIS DETLIDNI WI	PHONE #	HOWNIS TO VES TO A	CARDHO SIGNATU												

☐ YES ☐ NO

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