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

FORM IR-EZ (W-2 INCOME ONLY)
2022 - MASON INCOME TAX RETURN - 2022

FILE ON OR BEFORE APRIL 18, 2023 – 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, 2023 AND ANY REMAINING BALANCE PAID BY APRIL 18, 2023 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

Name(s)

Address

City/State/Zip

E-mail

MAY THE MASON TAX OFFICE COMMUNICATE WITH YOU VIA THE ABOVE E-MAIL ADDRESS? ☐ YES ☐ NO

SOCIAL SECURITY # _____
SPOUSE'S SS # _____
DID YOU FILE A MASON RETURN LAST YEAR? ☐ YES ☐ NO
ARE YOU A FULLTIME STUDENT? ☐ YES ☐ NO
ARE YOU A NEW RESIDENT/FIRST YEAR FILER? ☐ YES ☐ NO
IF YOU MOVED DURING THE YEAR/ARE A NEW RESIDENT:
PRIOR ADDRESS _____
DATE MOVED TO MASON _____
DATE MOVED FROM MASON _____
CITY OF RESIDENCE _____
☐ RESIDENT ☐ NON-MASON RESIDENT

FILING STATUS
☐ Single ☐ Married filing joint return (do not have to file same status as Federal). Did you file a joint or separate Mason return last year? ☐ Joint ☐ Separate
☐ Married filing separate return. Enter spouse's social security number above and full name here. ► _____

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
NAME OF EMPLOYER	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 TAX WITHHELD (ONLY ENTER IF **"MASON"** IN BOX 20)	LOCAL WAGES (OTHER THAN MASON) (W-2 BOX 18) CANNOT EXCEED COL 1 AMT	CREDIT FOR OTHER CITY'S TAX WITHHELD IF TAKING HOMEOWNER CREDIT: (COL 4 X 1%) IF NO HOMEOWNER CREDIT: (COL 4 X 1.12%) ***(ENTER SMALLER OF THIS AMOUNT OR W-2 BOX 19)***
A.					
B.					
C.					
D.					
E. TOTALS, IF NONE ENTER 0					
	→ LINE 1 BELOW		→ LINE 7 BELOW		→ LINE 6 BELOW

• PLEASE RETURN TO STEP-BY-STEP INSTRUCTIONS AFTER COMPLETING WORKSHEET A • 2022 REFUND FROM ANOTHER CITY? PLEASE PROVIDE DOCUMENTATION.

INCOME
1. Total Wages from Worksheet A, line E, Column 1 (W-2s MUST BE ATTACHED) ..... 1 $ _____
2. Part-year Resident Adjustment **(ATTACH EXPLANATION FOR CALCULATION)** ..... 2 $ _____
3. MASON TAXABLE INCOME. (line 1 minus line 2) (MUST ATTACH PAGE 1 OF FEDERAL RETURN AND FEDERAL SCHEDULE 1) ..... 3 $ _____

TAX
4. MASON INCOME TAX. (Multiply line 3 by 1.12% (.0112).) ..... 4 $ _____

TAX WITHHELD, PAYMENTS AND CREDITS
5. Resident Homeowner Credit **(DO YOU QUALIFY? SEE INSTRUCTIONS)** Multiply line 3 by 0.12% (.0012) ..... 5 $ _____
6. Credit for Taxes Withheld to Other Cities (from Worksheet A, line E, Column 5) ..... 6 $ _____
7. Total Mason income tax withheld (from Worksheet A, line E, Column 3) ..... 7 $ _____
8. Prior year overpayments ..... 8 $ _____
9. Estimated payments ..... 9 $ _____
10. TOTAL PAYMENTS AND CREDITS. (Add lines 5 through 9.) ..... 10 $ _____

BALANCE DUE, REFUND OR CREDIT
11. **TAX DUE.** If line 4 is more than line 10, enter tax due here (line 4 minus line 10) ..... 11 $ _____
12. Penalty: late filing ($25 per month or fraction thereof, not to exceed $150) ..... 12 $ _____
13. Penalty: late payment (15% of amount not timely paid) See General Information (M) ..... 13 $ _____
14. Interest. See General Information (N) ..... 14 $ _____
15. **TOTAL DUE.** (Add lines 11 through 14.) (Enter 0 if $10 or less.) ..... 15 $ _____
16. OVERPAYMENT. If line 4 is less than line 10, enter overpayment here, less P&I (lines 12-14) if any ..... 16 $ _____
17. AMOUNT FROM LINE 16 TO BE CREDITED TO NEXT YEAR (Enter 0 if $10 or less.) ..... 17 $ _____
18. AMOUNT FROM LINE 16 TO BE REFUNDED (Enter 0 if $10 or less.) ..... 18 $ _____

ATTACH W-2(s) HERE

DECLARATION OF ESTIMATED TAX FOR 2023 – REQUIRED IF ESTIMATED TAX IS $200 OR GREATER

ESTIMATE FOR NEXT YEAR
19. TOTAL INCOME SUBJECT TO TAX $ _____ Multiply by tax rate of 1.12% (.0112). ..... 19 $ _____
20. 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 20a through 20c.) ..... 20d $ _____
21. NET ESTIMATED TAX LIABILITY (Subtract line 20d from line 19.)
NOTE: 90% OF YOUR ACTUAL 2023 TAX LIABILTY MUST BE PAID BY JANUARY 15, 2024 TO AVOID A PENALTY ..... 21 $ _____
22. Enter prior year carryover credit from line 17 above. ..... 22 $ _____
23. Subtract line 22 from line 21 (Estimated Tax for 2023). ..... 23 $ _____
24. FIRST QUARTER ESTIMATED PAYMENT (line 23 divided by 4)* ..... 24 $ _____

TOTAL DUE
25. Enter 2022 balance due from line 15 above. (Enter 0 if $10 or less.) ..... 25 $ _____
26. **TOTAL TAX DUE.** (Add lines 24 & 25.) PLEASE MAKE CHECKS PAYABLE TO CITY OF MASON TAX OFFICE. ..... 26 $ _____

*First Quarter Estimate included here. Subsequent payments are due by the 15th of June, September and January. Blank 2nd, 3rd and 4th Quarter Courtesy Coupons are available at www.imaginemason.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 _____ PHONE # _____

SIGNATURE OF SPOUSE (REQUIRED IF JOINT RETURN) _____ DATE _____

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? ☐ YES ☐ NO

TO PAY BY CREDIT CARD: Enter number and expiration date fully and accurately.

VISA NO. _____

MasterCard NO. _____

CVV CODE _____ EXP. DATE ___/___ AMOUNT AUTHORIZED: $ _____

PHONE NUMBER: (H) _____ (W) _____

CARDHOLDER SIGNATURE: _____