## ATTACH W-2(s) HERE

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

## FORM IR-EZ (W-2 INCOME ONLY) 2023 - MASON INCOME TAX RETURN - 2023

FILE ON OR BEFORE APRIL 15, 2024 - 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, 2024 AND ANY REMAINING BALANCE PAID BY APRIL 15, 2024 TO AVOID LATE PAYMENT PENALTY AND INTEREST.

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

| Account Numb             | oor     |   |   |                                      |   |            |                 | SO                       | CIAL SE          | CURITY   | /#<br>:#     |        |                |              |          |          |              |          |
|--------------------------|---------|---|---|--------------------------------------|---|------------|-----------------|--------------------------|------------------|----------|--------------|--------|----------------|--------------|----------|----------|--------------|----------|
| Account Numb             | Jer     |   |   |                                      |   |            |                 | DIE                      | YOU F            |          |              |        |                |              |          | ☐ Y      |              |          |
| Name(s)                  |         |   |   |                                      |   |            |                 |                          | E YOU A          |          |              |        |                | AR FI        | LER?     | ☐ YI     |              |          |
| Address                  |         |   |   |                                      |   |            |                 |                          | YOU MC           | VED DU   | JRING T      | HE YE  | AR/AF          | RE A I       | NEW F    | RESIDE   |              |          |
| City/State/Zip           |         |   |   |                                      |   |            |                 |                          |                  |          | ESS<br>TO MA |        |                |              |          |          |              |          |
| E-mail                   |         |   |   |                                      |   |            |                 | CIT                      | DATE<br>TY OF RI |          | FROM         | MASO   | ON             |              |          |          |              |          |
| MAY THE MASON            | TAX O   | FFICE CO  | DMMUNICATE WITH YOU                               | VIA THE ABOVE E-MAI                  | L ADDRESS?  YES  N  | 10         |                 | On                       |                  |          | п 🗆          | NON    | -MASC          | ON RI        | SIDE     | NT       |              |          |
| FILING                   |         |   | Single □ Married t                                | filing joint return (do no           | t have to file same status as                                 | s Federa   | ıl). Did you fi | le a joir                | nt or se         | oarate I | /lason r     | eturn  | last ye        | ear?         | □ J(     | oint 🗆   | l Sep        | arate    |
| STATUS                   |         |   |   | <u> </u>                             | e's social security number a                                  |            |                 |                          |                  |          |              |        |                |              |          |          |              | _        |
| WORKSHEE                 | TA      | SALA  | COLUMN 1  | S AND OTHER EI<br>COLUMN 2           | MPLOYEE COMPENS COLUMN 3                                      | ATION      |                 | <b>2(S) (F</b><br>_UMN 4 | PLEAS            | E SEE    | THE S        | STEP   |                | STEF<br>OLUM |          | TRUC     | CTIO         | NS)      |
|                          |         |   |   |                                      |   |            |                 |                          |                  |          | CREE         | OIT FO | R OTHE         | R CIT        | Y'S T    | AX WIT   | HELD         | <u></u>  |
|                          |         |   | MEDICARE WAGES<br>W-2 (BOX 5) IF BOX 5            | <u>CITY WHERE</u><br><u>EMPLOYED</u> | W-2 BOX 19 MASON<br>WITHHELD (ONLY EN                         | NTER       | LOCAL WASO      | N) (W-2                  | BOX 18)          |          | IF TAKI      | HOMEC  | <b>WNER</b>    | CRE          | DIT: (0  | COL 4 )  | (1.12        | 2%)      |
| NAME OF EMPLOYE<br>A.    | R       |   | BLANK, USÉ BOX 18                                 | W-2 (B0X 20)                         | IF "MASON" IN BO  | X 20)      | CANNOT EXC      | CEED CO                  | L 1 AMT          |          | (ENTER       | SMALL  | ER OF 1        | THIS A       | MOUN     | OR W-    | 2 <i>BOX</i> | 19)      |
| B.                       |         |   |   |                                      |   |            |                 |                          |                  |          |              |        |                |              |          |          |              |          |
| C.                       |         |   |   |                                      |   |            |                 |                          |                  |          |              |        |                |              |          |          |              |          |
| E. TOTALS, IF NONE E     | NTER (  | )   |   |                                      |   |            |                 |                          |                  |          |              |        |                |              |          |          |              |          |
|                          |         |   | └→ LINE 1 BELOW                                   |                                      | LINE 7 BELOV  |            |                 |                          |                  |          |              |        | ∟ <b>→</b> LIN |              |          |          |              |          |
|                          |         |   |   |                                      | G WORKSHEET A • 2023 I  |            |                 |                          |                  |          |              |        |                |              |          |          |              |          |
| INCOME                   |         |   | lages from Worksheet A<br>ear Resident Adiustment |                                      |   |            |                 |                          |                  |          |              |        |                |              |          |          |              |          |
|                          | 3.      | 2. Part-year Resident Adjustment (ATTACH EXPLANATION FOR CALCULATION)   |   |                                      |   |            |                 |                          |                  |          |              |        |                |              |          |          |              |          |
| TAX                      |         |   |   |                                      |   |            |                 |                          |                  |          |              |        |                |              |          |          |              |          |
| TAX WITHHELD,            |         |   |   |                                      | E INSTRUCTIONS) Multiply<br>sheet A, line E, Column 5)        |            |                 |                          |                  |          |              |        |                |              |          |          |              |          |
| PAYMENTS AND CREDITS     | 7.      | Total N   | lason income tax withh                            |                                      |   |            |                 |                          |                  |          | 7\$          |        |                |              |          |          |              |          |
|                          |         |   |   |                                      |   |            |                 |                          |                  |          |              |        |                |              |          |          |              |          |
|                          |         |   |   |                                      | jh 9.)  |            |                 |                          |                  |          |              |        |                |              |          |          |              |          |
| BALANCE                  | 11.     | TAX DI  | <b>JE.</b> If line 4 is more that                 | n line 10, enter tax du              | e here (line 4 minus line 10                                  | 0)         |                 |                          |                  |          |              |        | 1              | 1\$          |          |          |              |          |
| DUE, REFUND<br>OR CREDIT |         |   |   |                                      | id) See General Information                                   |            |                 |                          |                  |          |              |        |                |              |          |          |              |          |
|                          | 14.     | Interes   | t. See General Informati                          | on (N )                              | ······  |            |                 |                          |                  |          |              |        | 1              | 4\$          |          |          |              |          |
|                          | 15.     | TOTAL   | DUE. (Add lines 11 thro                           | ough 14.) (Enter 0 if \$             | 10 or less.)  |            |                 |                          |                  |          |              |        | 1              | 5\$          |          |          |              |          |
|                          |         |   |   |                                      | rerpayment here, less P&I (l<br>YEAR (Enter 0 if \$10 or less |            |                 |                          |                  |          |              |        |                |              |          |          |              |          |
|                          |         |   |   |                                      | if \$10 or less.)   |            |                 |                          |                  |          |              |        |                |              |          |          |              |          |
| DECLARATION              | ON C    | F EST   | IMATED TAX FOR                                    | 2024 - REQUIRE                       | D IF ESTIMATED TAX  | IS \$2     | 00 OR GF        | REATE                    | R                |          |              |        |                |              |          |          |              |          |
| ESTIMATE                 |         |   |   |                                      | Multiply by tax rate of 1.12%                                 |            |                 |                          |                  |          |              |        |                | 9 \$         |          |          |              |          |
| FOR NEXT                 | 20.     |   |   |                                      | () Multiply total income by (                                 |            |                 |                          | a \$             |          |              |        | _              |              |          |          |              |          |
| 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. TAX WITHHELD FOR MASONc \$   |   |                                      |   |            |                 |                          |                  |          |              |        |                |              |          |          |              |          |
|                          | 21.     | d. TOTAL CREDITS (Add lines 20a through 20c.)   |   |                                      |   |            |                 |                          |                  |          |              |        |                |              |          |          |              |          |
|                          | 00      | NOTE: 90% OF YOUR ACTUAL 2024 TAX LIABILTY MUST BE PAID BY JANUARY 15, 2025 TO AVOID A PENALTY  |   |                                      |   |            |                 |                          |                  |          |              |        |                |              |          |          |              |          |
|                          |         | 2. Enter prior year carryover credit from line 17 above   |   |                                      |   |            |                 |                          |                  |          |              |        |                |              |          |          |              |          |
|                          | 24.     | FIRST   | QUARTER ESTIMATED P                               | AYMENT (line 23 divid                | ed by 4)*   |            |                 |                          |                  |          |              |        | 2              | 4 \$         |          |          |              |          |
| TOTAL DUE                |         |   |   |                                      | ) if \$10 or less.)<br>CHECKS PAYABLE TO "MASO                |            |                 |                          |                  |          |              |        |                |              |          |          |              |          |
| *First Quarter Estimat   |         |   |   |                                      | tember and January. Blank 2nd,                                |            |                 |                          |                  |          |              |        |                |              | ra       |          |              |          |
|                          |         |   |   |                                      | d complete return for the taxable                             |            |                 |                          |                  |          |              |        |                |              |          | me tax   | ourpos       | ses.     |
|                          |         |   |   |                                      |   |            | TO PAY BY       | CRED                     | IT CAF           | D: Ente  | er numb      | er and | expira         | ation        | date f   | ully and | d accu       | urately. |
| SIGNATURE OF TAXPA       | YER (RE | QUIRED)   |   | DATE                                 | PHONE #   |            | VISA NO.        |                          |                  |          |              |        |                | I            |          |          |              |          |
| SIGNATURE OF SPOUS       | SE (REC | UIRED IF J  | OINT RETURN)                                      | DATE                                 |   |            | NO.             |                          |                  |          |              | 1      | i              | i            | <u> </u> | <u> </u> | i            |          |
|                          |         |   | <u> </u>  |                                      |   |            | ZIP             |                          | EXP.             |          |              |        | AMOU           |              |          |          |              |          |
| SIGNATURE OF PREPA       | RER, IF | OTHER TH  | HAN TAXPAYER                                      | DATE                                 | E-MAIL  | -          | PHONE           |                          | DATE             | /        | /            |        | AUTHO          | ORIZE        | D: \$    |          |              |          |
| NAME AND ADDRESS         | OF PRE  | PARER   |   | PHONE #                              |   | — <u>i</u> | NUMBER: (H)     |                          |                  |          |              | (W)    |                |              |          |          |              |          |

CARDHOLDER SIGNATURE:

☐ YES ☐ NO

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