



INDIVIDUAL/BUSINESS
ASHLAND CITY INCOME
TAX RETURN

2007

CALENDAR YR \_\_\_\_\_ FISCAL YR \_\_\_\_\_

RESIDENCY STATUS: \_\_\_\_\_ RESIDENT \_\_\_\_\_ NONRESIDENT PART YR. RESIDENT FROM \_\_\_\_\_ TO \_\_\_\_\_

DUE APRIL 15TH OR 15TH DAY OF 4TH MONTH AFTER FISCAL YEAR END. FILING IS REQUIRED EVEN IF NO TAX IS DUE.

EXEMPTION CERTIFICATE: I AM REQUIRED TO FILE SINCE I AM A RESIDENT, BUT I HAVE NO TAXABLE INCOME BECAUSE :
CHECK APPROPRIATE BOX:

- Under 18 for the entire yr: date of birth \_\_\_\_\_
An active member of the military for entire yr.
Retired or disabled. Individuals receiving only pension, social security, dividends or interest.
On public assistance with no taxable income for the entire year.
Other, explain \_\_\_\_\_

NAME: \_\_\_\_\_ ACCOUNT NUMBER

ADDRESS: \_\_\_\_\_
SOC. SEC. NO. TAYPAYER \_\_\_\_\_
SOC. SEC. NO. SPOUSE \_\_\_\_\_
BUSINESS/FEDERAL ID NO. \_\_\_\_\_

PLEASE SIGN BELOW \*

- 1. WAGES, SALARIES, TIPS, ETC. (BOX 5 OF W-2)
2. OTHER INCOME. FROM FEDERAL SCHEDULE C, E, F, K-1, 1099-MISC
3. FEDERAL FORM 2106 DEDUCTIONS (if applicable) (Use Federal 2% deduction from schedule A)
4. TOTAL INCOME. ADD LINES 1, 2 and 3 (if Individual Return) (plus or minus line 20 if Business Return)
5. ASHLAND INCOME TAX 1.5% OF LINE 4 (LINE 4 X .015)
6. CREDITS
A. ASHLAND INCOME TAX WITHHELD BY EMPLOYER(S)
B. MUNICIPAL TAX PAID TO OTHER CITIES 1% Limit
C. ESTIMATED TAX PAID
D. PRIOR YEAR OVERPAYMENT APPLIED
E. TOTAL CREDITS (ADD A, B, C, D)
7. TAX DUE (LINE 5 MINUS 6E)
8A. OVERPAYMENT CLAIMED IF LINE 7 IS MINUS
B. ENTER AMT OF LINE 7 YOU WANT APPLIED TO NEXT YR.
C. ENTER AMT OF LINE 7 YOU WANT TO BE REFUNDED
9. LATE FILING FEE (\$25.00)
10. INTEREST (1.5% PER MONTH)
11. AMOUNT DUE-PAY IN FULL WITH RETURN (DUE APRIL 15TH)

DECLARATION OF ESTIMATED TAX FOR TAX YEAR \_\_\_\_\_

Complete this section if over \$100.00

- 12. Total income subject to Ashland tax 12A \$ \_\_\_\_\_ X Ashland tax at 1.5% = 12B. \$ \_\_\_\_\_
13. Estimated credits:
A. Ashland Tax to be withheld 13A \$ \_\_\_\_\_
B. 1% of medicare wages in other city(s) 13B \$ \_\_\_\_\_
C. Total line 13A and 13B. 13C \$ \_\_\_\_\_
D. Total of estimated taxes (12B) Minus (13C) = 13D. \$ \_\_\_\_\_
14. Calculation of 1st Quarter estimate:
A. Multiply line 13D x 22.5% 14A. \_\_\_\_\_
B. Less: Overpayment from line 7B 14B. \_\_\_\_\_
C. Balance 1st Qtr. estimated due with this return Subtract 14B from 14A 14C \$ \_\_\_\_\_
15. TOTAL AMOUNT DUE WITH THIS FILING. ADD LINE 10 AND 13C. 15 \$ \_\_\_\_\_

ATTACH ALL W-2 COPIES HERE

\* Taxpayer's Signature \_\_\_\_\_ Date \_\_\_\_\_ Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

Preparer's Signature \_\_\_\_\_ Date \_\_\_\_\_ Company Name \_\_\_\_\_ Phone No \_\_\_\_\_

I (We) authorize the Income Tax Department to discuss this return and enclosures with the preparer above..... Check here [ ]

MAKE CHECK OR MONEY ORDER PAYABLE TO:
ASHLAND MUNICIPAL INCOME TAX
218 LUTHER ST, ASHLAND, OH 44805
PH:419-289-0386 FAX:419-289-9225

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**ASHLAND CITY INCOME TAX RETURN 2007**

**LINE 16** RETURNS WILL NOT BE ACCEPTED WITHOUT COPIES OF FEDERAL SCHEDULES  
Business Profit or Loss. Enter Amount from Federal Form Schedule C or Form 1120 16 \$ \_\_\_\_\_

**LINE 17** Enter Profit (Loss) from Federal Schedule E (Attach Tenant List) 17 \$ \_\_\_\_\_

**LINE 18** All Other Taxable Income:

**INCOME FROM PARTNERSHIPS, ESTATES & TRUSTS: FEES, TIPS, COMMISSIONS, GAMBLING AND MISCELLANEOUS**

RECEIVED FROM	FOR (DESCRIBE)	AMOUNT

TOTAL LINE 18 \$ \_\_\_\_\_

**LINE 19** Total of lines 16 thru 18. Carry forward to page 1 line 2 if Filing Individual Return 19 \$ \_\_\_\_\_

**LINE 20** Adjustments To Federal Income (Loss)..... \*\* 20 \$ \_\_\_\_\_

**ITEMS NOT DEDUCTIBLE**

(20A) Capital Losses (Excluding Ordinary Losses) .....	\$ _____
(20B) Expenses incurred in the production of non-taxable income.....	_____
(20C) Taxes based on income .....	_____
(20D) Other expenses not deductible (Federally Deferred) .....	_____
(20E) Total Lines (19A) through (19D) .....	\$ _____

**ADD**

**ITEMS NOT TAXABLE**

(20F) Capital gains (Excluding Ordinary Gains, see instructions).....	\$ _____
(20G) Interest income .....	_____
(20H) Dividends .....	_____
(20I) Other .....	_____
(20J) Total Lines (20F) through (20I) .....	_____

**DEDUCT**

(20K) Combine Lines (20E) and (20J) .....	\$ _____
(Add or subtract line 20K from your Federal Income (Loss) on line 19 and enter on line 20 above.)**	

**LINE 21** Business Allocation Formula. Carry forward to page 1, line 4 ..... 21 \$ \_\_\_\_\_

**SCHEDULE Y Business Allocation Formula**

	a. LOCATED EVERYWHERE	b. LOCATED IN MUNICIPALITY	c. PERCENTAGE (b ÷ a)
STEP 1A. AVG. VALUE OF REAL & TANG. PERSONAL PROPERTY	_____	_____	<del>_____ %</del>
STEP 1B. GROSS ANNUAL RENTALS PAID MULTIPLIED BY 8.	_____	_____	<del>_____ %</del>
TOTAL STEPS 1A & 1B	a	b	_____ %
STEP 2. GROSS RECEIPTS FROM SALES MADE AND/OR SERVICES PERFORMED	_____	_____	_____ %
STEP 3. WAGES, SALARIES, AND OTHER COMPENSATION PAID	_____	_____	_____ %
STEP 4. TOTAL PERCENTAGES			_____ %
STEP 5. AVERAGE PERCENTAGE (Divide Total Percentages by Number of Percentages Used)			_____ %
STEP 6. Multiply your Federal Income (Loss) from Line 20 above by the % on STEP 5 and enter on line 21 above.			<del>_____ %</del>