



INDIVIDUAL / BUSINESS
ASHLAND CITY INCOME
TAX RETURN

2009

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.
(16 & 17 YR OLDS NEED TO FILE IF NOT FULLY WITHHELD) (THIS DOES NOT INCLUDE CIVILIANS EMPLOYED BY THE MILITARY)
RETIRED _____ 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) 1. \$ _____
2. OTHER INCOME. FROM FEDERAL SCHEDULE C, E, F, K-1, 1099-MISC 2. \$ _____
3. FEDERAL FORM 2106 DEDUCTIONS (if applicable) (Use Federal 2% deduction from schedule A) 3. \$ - _____
4. TOTAL INCOME. FROM LINES 1, 2 and 3 (if Individual Return) (plus or minus line 20 if Business Return) 4. \$ _____
5. ASHLAND INCOME TAX 1.5% OF LINE 4 (LINE 4 X .015) 5. \$ _____
6. CREDITS
A. ASHLAND INCOME TAX WITHHELD BY EMPLOYER(S) 6A. \$ _____
B. MUNICIPAL TAX PAID TO OTHER CITIES 1% Limit 6B. \$ _____
C. ESTIMATED TAX PAID 6C. \$ _____
D. PRIOR YEAR OVERPAYMENT APPLIED 6D. \$ _____
E. TOTAL CREDITS (ADD A, B, C, D) - 6E. \$ _____
7. TAX DUE (LINE 5 MINUS 6E) 7. \$ _____
8A. OVERPAYMENT CLAIMED IF LINE 7 IS MINUS 8A. \$ _____
B. ENTER AMT OF LINE 7 YOU WANT APPLIED TO NEXT YR. 8B. \$ _____
C. ENTER AMT OF LINE 7 YOU WANT TO BE REFUNDED 8C. \$ _____
9. LATE FILING PENALTY (\$25.00) or NON PAYMENT PENALTY (\$25.00) 9. \$ _____
10. INTEREST (1.5% PER MONTH) 10. \$ _____
11. AMOUNT DUE - PAY IN FULL WITH RETURN (DUE APRIL 15TH) 11. \$ _____

No payment or refund for amount under \$5.00

DECLARATION OF ESTIMATED TAX FOR TAX YEAR _____

Complete this section if amount due is 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 8B 14B. _____

C. Balance 1st Qtr. estimated due with this return Subtract 14B from 14A 14C \$ _____

15. TOTAL AMOUNT DUE WITH THIS FILING. ADD LINE 11 AND 14C. 15 \$ _____

* 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 []

CREDIT CARD INFORMATION FOR PAYMENT

Enjoy the convenience, flexibility and rewards of credit card payments.

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

American Express, Master Card, Discover & VISA

Call 1-800-2PAY-TAX

(1-800-272-9829) or visit

www.officialpayments.com

ATTACH ALL W-2 COPIES HERE

ASHLAND CITY INCOME TAX RETURN 2009

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

ADD

(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 (20A) through (20D) \$ _____

ITEMS NOT TAXABLE

DEDUCT

(20F) Capital gains (Excluding Ordinary Gains, see instructions)..... \$ _____
 (20G) Interest income _____
 (20H) Dividends _____
 (20I) Other _____
 (20J) Total Lines (20F) through (20I) _____
 (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	_____	_____	_____ %
STEP 1B. GROSS ANNUAL RENTALS PAID MULTIPLIED BY 8.	_____	_____	_____ %
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.			_____ %