

FILE ON OR BEFORE APRIL 18, 2017. FILING REQUIRED EVEN IF NO TAX IS DUE.
Federal Forms, including your Federal Form 1040 and all W-2's must be attached to your Evendale Tax Return.

Make check or
money order payable to
VILLAGE OF EVENDALE

TAXPAYER NAME AND ADDRESS

SS# TAXPAYER SS# SPOUSE

HOME PHONE # _____ WORK PHONE # _____
(*required if paying by credit card)

IF MOVED SINCE THE PREVIOUS RETURN WAS FILED GIVE DATE:

INTO EVENDALE OUT OF EVENDALE

INCOME

- | | | | |
|-----------|--|----|--|
| 1. | TOTAL QUALIFYING WAGES (<i>Generally Medicare Wage, Box 5 of Form W-2</i>) ATTACH ALL W-2'S See Worksheet A..... | \$ | |
| 2. | OTHER TAXABLE INCOME/LOSS - from Federal Schedules C, E, F, K-1, 1099-MISC, W-2G, Other See Worksheet B.....
(<i>Interest, Dividends, Capital Gains, Alimony, Military Pay and State Unemployment Compensation are not taxable income</i>) | \$ | |
| 3. | TAXABLE INCOME: (Line 1 plus Line 2) Losses on Line 2 may not offset Wages reported on Line 1 | \$ | |

TAX

4. **EVENDALE TAX: 1.2% OF LINE 3** \$

CREDITS

- 5. CREDITS:**

a: TAX WITHHELD BY EMPLOYER FOR EVENDALE \$ _____

b: 2016 ESTIMATED TAX PAID TO EVENDALE \$ _____

c: 2016 TAX PAID TO ANOTHER CITY OR VILLAGE See Worksheet A \$ _____
(Residents only - Not to exceed 1.2%)

d: PRIOR YEAR OVERPAYMENTS \$ _____

e: TOTAL CREDITS (Total of Line 5a through 5d) \$ _____

**BALANCE DUE,
REFUND OR
CREDIT**

- 6. 2016 VILLAGE OF EVENDALE TAX DUE** \$ _____
If Line 4 is greater than Line 5e enter amount due
- a: LATE FILING FEE (\$25.00 PER MONTH OR FRACTION THEREOF, NOT TO EXCEED \$150.00)..... \$ _____
b: PENALTY DUE (15% OF THE AMOUNT NOT TIMELY PAID) \$ _____
c: INTEREST DUE (6% ON ALL TAX NOT TIMELY PAID) See Instructions..... \$ _____
d: TOTAL 2016 BALANCE DUE (Line 6 plus Line 6a through Line 6c)..... \$ _____
(Payment must accompany this return: No payment is due if Line 6d is less than \$10.00)

No taxes or refunds of less than \$10.00 shall be collected or refunded. Refunds and Credits will be reported to the IRS as required by law.

- 7. 2016 OVERPAYMENT** ☐ REFUND \$ _____ OR ☐ CREDIT \$ _____ TO NEXT YEAR'S ESTIMATE
(If Line 5e is greater than Line 4, check the box above to indicate if the overpayment should be credited to next year or refunded.) If you wish to have your refund directly deposited into your savings or checking account, complete the information below. Otherwise, your refund will be mailed to you at the taxpayer address indicated above.
TYPE: ☐ CHECKING OR ☐ SAVINGS

[illegible]**DECLARATION OF ESTIMATED TAX FOR YEAR 2017**

DECLARATION REQUIRED IF ESTIMATED TAX (LINE 10) EXCEEDS \$200.00

ESTIMATE FOR NEXT YEAR

8. **TOTAL ESTIMATED INCOME** SUBJECT TO TAX \$ _____ MULTIPLY BY TAX RATE OF **1.2%** \$ _____
9. **EXPECTED TAX CREDITS:**
- a: TAX WITHHELD BY EMPLOYER FOR EVENDALE (Not to exceed **1.2%** of that portion taxed) \$ _____
- b: PAYMENTS TO ANOTHER MUNICIPALITY (Not to exceed **1.2%** of that portion taxed) \$ _____
- c: PRIOR YEAR OVERPAYMENT (From Line 7 above) \$ _____
- d: TOTAL CREDITS (Line 9a through Line 9c) \$ _____

TOTAL DUE

- | | |
|--|----------|
| 10. NET ESTIMATED TAX DUE FOR 2017: (Line 8 minus Line 9d) | \$ _____ |
| 11. AMOUNT DUE WITH THIS DECLARATION (Line 10 multiplied by 22.5%) | \$ _____ |
| 12. TOTAL OF THIS PAYMENT (Line 6d plus Line 11) Make remittance payable to the Village of Evendale | \$ _____ |
- To pay by credit card, complete the information below.*

I CERTIFY THAT I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE, CORRECT AND COMPLETE. IF PREPARED BY A PERSON OTHER THAN TAXPAYER, THIS DECLARATION IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE. ☐ CHECK HERE IF WE MAY CONTACT THE TAX PREPARER DIRECTLY WITH QUESTIONS REGARDING THIS RETURN.

TO PAY BY CREDIT CARD Enter card number and expiration date exactly as it appears on your card.

[illegible]

Amount Authorized \$ _____ Exp. Date ____ / ____

Cardholder Signature _____

Signature of Taxpayer _____ Date _____

Signature of Taxpayer _____ Date _____

Signature of Person Preparing if Other Than Taxpayer _____ Date _____

Address	Phone Number
---------	--------------

WORKSHEET A

Qualifying Wages (Generally Box 5, Medicare Wages) ATTACH ALL W-2's (See Instructions)

COLUMN A	COLUMN B	COLUMN C	COLUMN D	COLUMN E	COLUMN F	COLUMN G	COLUMN H
Name of Employer	City of Employment	Qualifying Wages	Local Wages	Evendale Tax w/h	Other City Tax w/h	Maximum Credit*	Credit Allowed
	(Box 18)	(Box 5 on W-2)	(Box 19)	*(If Any)	(Box 20)	(Column D x 1.2%)	(Lesser of Column F or Column G)
TOTALS							
		Page 1, Line 1		Page 1, Line 5a			

*If the tax was withheld for more than one city on a single W-2, compute the maximum credit for each city separately (see example included with instructions.)

WORKSHEET B

Other Income (Schedule C, E, F, K-1, 1099-MISC, W-2G, Other Income. ATTACH SUPPORTING DOCUMENTS.

- 1. SCHEDULE C** - Profit or Loss from Business (Attach Form 1040, Schedule C)
 - a: Net Profit/Loss from Federal Schedule C\$ _____
 - b: Percentage Allocable to Evendale – Residents use 100%; Non-Residents complete Schedule Y.....\$ _____
 - c: Evendale Profit/Loss (Line 1a multiplied by Line 1b).....\$ _____
- 2. SCHEDULE E** - Profit/Loss from Rents/Royalties (Attach Form 1040, Schedule E).....\$ _____
- 3. SCHEDULE E** - Profit/Loss from Partnerships (Attach Form 1040, Schedule E and Forms K-1)\$ _____
- 4. SCHEDULE F** - Profit or Loss from Farming (Attach Form 1040, Schedule F)\$ _____
- 5. FORM 1099-MISC** - Miscellaneous Income (Attach Form(s) 1099-MISC and page 1 of Form 1040)\$ _____
- 6. W-2G** - Gambling Winnings (Attach Form(s) W-2G)\$ _____
- 7. OTHER** - List separately and provide detail documentation.....\$ _____
- 8. SUBTOTAL**- Add Lines 1c through Line 7.....\$ _____
- 9. LESS**- Prior Year Loss Carryforward 2013 (\$ _____) + 2014 (\$ _____) + 2015 (\$ _____) =\$ _____
- 10. LESS** - Time worked outside Evendale for business (Non Residents ONLY) See Instructions\$ _____
- 11. TOTAL** - Line 8 minus Line 9 and/or Line 10. ENTER ON PAGE 1, Line 2.....\$ _____

SCHEDULE Y

BUSINESS APPORTIONMENT FORMULA (NON-RESIDENTS ONLY)

	Located Everywhere (A)	Located in Evendale (B)	Percentage (B/A)
STEP 1. Original Cost of Real and Tangible Personal Property	_____	_____	
Gross Annual Rents Paid Multiplied By 8	_____	_____	
TOTAL Step 1	_____	_____	_____
STEP 2. Wages, Salaries and Other Compensation Paid	_____	_____	_____
STEP 3. Gross Receipts from Sales Made/Services Performed	_____	_____	_____
STEP 4. Total Percentages (Add Percentages from Steps 1-3)			_____
STEP 5. Apportionment Percentage (Step 4/ the number of percentages used) Enter on Worksheet B, Line (1)b			_____

2017 DECLARATION AND RETURN PAYMENT CALENDAR

APRIL 18, 2017 File 2016 Income Tax Return with 2017 Declaration and 1st quarterly payment.	JUNE 15, 2017 Remit 2nd quarterly payment	SEPTEMBER 15, 2017 Remit 3rd quarterly payment	DECEMBER 15, 2017 Remit 4th quarterly payment	APRIL 16, 2018 File 2017 Income Tax Return with 2018 Declaration and 1st quarterly payment
---	--	---	--	--