

Make check or
money order payable to
VILLAGE OF EVENDALE

INTO EVENDALE OUT OF EVENDALE

- | | |
|---|----------|
| 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 | \$ _____ |

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

- a: TAX WITHHELD BY EMPLOYER FOR EVENDALE \$ _____
- b: 2017 ESTIMATED TAX PAID TO EVENDALE \$ _____
- c: 2017 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) \$ _____

- 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 2017 BALANCE DUE (Line 6 plus Line 6a through Line 6c)..... \$ _____
- (Payment must accompany this return: No payment is due if Line 6d is \$10.00 or less)*

7. **2017 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 REQUIRED IF ESTIMATED TAX (LINE 10) EXCEEDS \$200.00

8. **TOTAL ESTIMATED INCOME** SUBJECT TO TAX \$ _____ MULTIPLY BY TAX RATE OF **1.2%** \$ _____

- 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) \$ _____

- 10. NET ESTIMATED TAX DUE FOR 2018:** (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
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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 20)	(Box 5 on W-2)	(Box 18)	*(If Any)	(Box 19)	(Column D x 1.2%)	(Lesser of Column F or Column G)
TOTALS							
		Page 1, Line 1		Page 1, Line 5a			Page 1, Line 5c

*If the tax was withheld for more than one city on a single W-2, compute the maximum credit for each city separately.

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 2014 (\$ _____) + 2015 (\$ _____) + 2016 (\$ _____) =\$ _____
 - 10. LESS** - Time worked outside Evendale for business (Non Residents ONLY) See Instructions\$ _____
 - 11. TOTAL - Line 8 minus Line 9 and/or Line 10**\$ _____
- If Line 11 is a loss, enter -0- on Page 1, Line 2 and carry the loss forward to 2018. Otherwise, enter Line 11 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	_____	_____	_____

2018 DECLARATION AND RETURN PAYMENT CALENDAR

APRIL 17, 2018

File 2017 Income Tax
Return with 2018
Declaration and 1st
quarterly payment.

JUNE 15, 2018

Remit 2nd
quarterly payment

SEPTEMBER 15, 2018

Remit 3rd
quarterly payment

JANUARY 15, 2019

Remit 4th
quarterly payment

APRIL 15, 2019

File 2018 Income Tax
Return with 2019
Declaration and 1st
quarterly payment