

FILE ON OR BEFORE APRIL 15, 2020. 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 (last 4 digits) _____ SS# SPOUSE (last 4 digits) _____

HOME PHONE # _____ WORK PHONE # _____

IF MOVED SINCE THE PREVIOUS RETURN WAS FILED GIVE DATE:

INTO EVENDALE OUT OF EVENDALE

Federal Extension Filed YES ☐ (Attach Copy) NO ☐

INCOME

1. **TOTAL QUALIFYING WAGES** (Generally Medicare Wage, Box 5 of Form W-2) ATTACH ALL W-2'S See Worksheet A \$ _____
- 2a. **OTHER INCOME** - from Worksheet B, Line 13 (Interest, Dividends, Capital Gains, Alimony, Military Pay and State Unemployment Compensation are not taxable) \$ _____
- 2b. Less time worked outside the Village of Evendale (Non-Residents only) \$ (_____)
3. **TAXABLE INCOME:** (Line 1 plus Line 2a plus Line 2b) \$ _____

TAX

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

CREDITS

- 5. CREDITS:**

a: TAX WITHHELD BY EMPLOYER FOR EVENDALE \$ _____

b: 2019 ESTIMATED TAX PAID TO EVENDALE \$ _____

c: 2019 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. 2019 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 (7% STARTING IN 2019 ON ALL TAX NOT TIMELY PAID) See Instructions..... \$ _____
d: TOTAL 2019 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)

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

- 7. 2019 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 2020

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 2020: (Line 8 minus Line 9d) | \$ | |
| 11. AMOUNT DUE WITH THIS DECLARATION (Line 10 multiplied by 25% or minimum 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
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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 4797** - Ordinary Income or Loss (Capital Gains are not taxable) (Attach form 4797) \$ _____
- 6. TOTAL BUSINESS INCOME** - (Add Lines 1c through Line 5) \$ _____
- 7. LESS LOSS CARRYFORWARD** - 2016 (\$ _____) + 2017 (\$ _____) = \$ (_____)
- 8. SUBTOTAL** - (Line 6 + Line 7) \$ _____
- 9. LESS 2018 LOSS CARRYFORWARD** - (Lesser of 50% of 2018 loss or 50% of Line 8) \$ (_____)
- 10. NET BUSINESS INCOME** - (Line 8 + Line 9) IF LESS THAN ZERO, ENTER ZERO \$ _____
- 11. W-2G GAMBLING WINNINGS** - (Attach Form(s) W2-G) \$ _____
- 12. OTHER INCOME** - 1099-Misc, Executor Fees, etc. List separately and provide detail documentation \$ _____
- 13. TOTAL BUSINESS AND OTHER INCOME** - (Combine Lines 10 through Line 12, enter total on Page 1, Line 2a) \$ _____

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			_____

2020 DECLARATION AND RETURN PAYMENT CALENDAR

APRIL 15, 2020

File 2019 Income Tax
Return with 2020
Declaration and 1st
quarterly payment.

JUNE 15, 2020

Remit 2nd
quarterly payment

SEPTEMBER 15, 2020

Remit 3rd
quarterly payment

JANUARY 15, 2021

Remit 4th
quarterly payment

APRIL 15, 2021

File 2020 Income Tax
Return with 2021
Declaration and 1st
quarterly payment