

FILE WITH

Mt. Healthy Tax Dept.
7700 Perry Street
Mt. Healthy, OH 45231
513-728-3181

PAYABLE TO:

CITY OF MT. HEALTHY

FILING REQUIRED EVEN IF NO TAX DUE
DUE ON OR BEFORE
APRIL 15, 2009

TAXPAYER NAME(S) AND ADDRESS

TAXPAYER SOCIAL SECURITY NUMBER

SPOUSE SOCIAL SECURITY NUMBER

TELEPHONE: Business

TELEPHONE: Home

IF YOU ARE A NEW RESIDENT, FILING THE FIRST TIME OR YOU MOVED SINCE FILING YOUR 2008 TAX RETURN, PLEASE FURNISH YOUR CURRENT MAILING ADDRESS AND DATE OF MOVE.

MOVED INTO MT. HEALTHY:

MOVED OUT OF MT. HEALTHY:

FILING INSTRUCTIONS ON PAGE 2 OF THIS FORM

NOTE: Page 2 must be completed if you have taxable rental property or business income.

- 1. TOTAL OF ALL MEDICARE WAGES (BOX 5) (ATTACH ALL W-2'S) \$
- (DEFERRED COMP., PENSION PLANS, 401K, ETC. ARE TAXABLE IN YEAR EARNED)
- 2. TOTAL OTHER TAXABLE INCOME OR DEDUCTIONS: ENTER AMT. SHOWN ON LINE 21 (PAGE 2) \$
- 3. TOTAL TAXABLE INCOME: LINE 1, PLUS LINE 2 \$
- 4. MT. HEALTHY TAX 1.5% OF LINE 3 \$
- 5. TAX CREDITS (NOTE: NO CREDIT CAN BE GIVEN WITHOUT PROPER VERIFICATION)
- A. TAX WITHHELD BY EMPLOYER FOR CITY OF MT. HEALTHY \$
- B. ENTER 2008 TOTAL ESTIMATED TAX PAID TO CITY OF MT. HEALTHY \$
- C. ENTER 2008 TAXES PAID CITY OF \$
- MAXIMUM OF 1.25% (SEE INSTRUCTIONS FOR CREDIT COMPUTATION)
- D. TOTAL TAX CREDITS (ADD TOGETHER LINES 5A THROUGH 5C) \$
- 6. IF LINE 4 IS GREATER THAN LINE 5D PAYMENT OF BALANCE MUST ACCOMPANY THIS RETURN \$

2008 tax due and payable by 4/15/09

TAX \$ PENALTY \$ INTEREST \$ TOTAL \$

7. OVERPAYMENT TO BE REFUNDED \$ OR CREDITED \$ TO NEXT YEAR ESTIMATE
NOTICE: By law, all refunds and credits, in excess of \$10.00 are being reported to IRS

DECLARATION OF ESTIMATED TAX FOR THE YEAR 2009

- 8. TOTAL ESTIMATED 2009 INCOME \$ MULTIPLY BY RATE OF 1.5% = TOTAL 2009 ESTIMATED TAX \$
- A. ESTIMATED TOTAL TAXES TO BE WITHHELD BY EMPLOYER(S) FOR CITY OF MT. HEALTHY \$
- B. ESTIMATED TOTAL TAXES, NOT OVER 1.25% WITHHELD FOR OR PAYABLE TO OTHER CITIES \$
- C. TOTAL CREDITS (8A + 8B) \$
- 9. NET ESTIMATED TAX DUE FOR 2009 (LINE 8 MINUS LINE 8C) \$
- 10. AMOUNT DUE WITH THIS FORM (NOT LESS THAN 1/4 OF LINE 9) \$
- A. LESS PRIOR YEAR OVERPAYMENT (CREDIT FROM LINE 7) \$
- 11. NET TAX DUE WITH THIS RETURN FOR 1ST QUARTER 2009 (DUE BY APRIL 15, 2009) \$
- IF PAYING WITH MASTERCARD OR VISA, FILL IN INFORMATION ON PAGE 3 OF THIS FORM
- 12. AMOUNT ENCLOSED (LINE 6) \$ + (LINE 11) \$ = TOTAL AMOUNT DUE \$

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 OTHER THAN TAXPAYER THE DECLARATION IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE.

Signature of person preparing if other than taxpayer Date

Signature of Taxpayer or Agent (Required) Date

13.	TAXABLE INCOME NOT REPORTED ON A W-2 FORM: ATTACH APPROPRIATE FEDERAL INCOME REPORTING FORMS (NOTE: INCOME REPORTED ON 1099-INT, 1099-D, 1099-G ARE NOT TAXABLE)	\$ _____
14.	NET PROFIT(S) FOR PROFESSION AND/OR BUSINESS OPERATION(S): ATTACH SCHEDULE C	\$ _____
15.	NET PROFIT(S) (LOSSES) FROM RENTAL AND/OR PARTNERSHIP(S): ATTACH FEDERAL SCH. E (S CORPORATIONS ARE EXCLUDED FROM INDIVIDUALS INCOME)	\$ _____
16.	TOTAL NET PROFIT(S) (LOSSES) FROM BUSINESS ACTIVITIES: LINE 14 + LINE 15, IF RESULT IS A LOSS AMOUNT ONLY MAY BE CARRIED FORWARD TO LINE 17 ON TAX RETURNS FOR 3 YEARS	\$ _____
17.	BUSINESS LOSS TOTAL FROM PREVIOUS TAX RETURNS: LIMITED TO THREE (3) YEARS	\$ _____
18.	SUBTRACT LINE 17 FROM LINE 16	\$ _____
19.	IF THE CALCULATION ON LINE 18 (LINE 16 MINUS LINE 17) RESULTS IN A NET GAIN LIST THE AMOUNT ON THIS LINE IF THE CALCULATION RESULTS IN A NET LOSS, A PORTION AS CALCULATED BY THE 3 YEAR LIMITATION MAY BE USED TO OFFSET FUTURE PROFITS. HOWEVER, A LOSS MAY NOT BE USED AS A DEDUCTION FROM WAGE/SALARY TYPE EARNINGS OR MISC. INCOME	\$ _____
20.	DEDUCTIONS AND NON-TAXABLE: A. _____ B. _____	\$ _____ \$ _____
21.	C. TOTAL DEDUCTIONS AND/OR NON-TAXABLE INCOME: LINE 20A PLUS LINE 20B TOTAL OTHER TAXABLE INCOME OR DEDUCTIONS: LINE 13 PLUS LINE 20C (ALSO ENTER THIS TOTAL ON LINE 2)	\$ _____ \$ _____

INSTRUCTIONS: Lines 1 through 12

NOTE: BE SURE NAME AND ADDRESS ARE CORRECT. PLEASE LIST PHONE NUMBERS AS INDICATED. IF YOU ARE A PART-YEAR RESIDENT, BE SURE TO INDICATE YOUR MOVE-IN OR MOVE-OUT DATE. YOU MUST FILE THIS RETURN IF YOU RESIDED IN MT. HEALTHY FOR ANY PART OF THE TAX YEAR.

1. Attach a copy of each W-2 to the return. Enter the totals of all gross wages (usually box 5 on W-2). DEFERRED COMP, PENSION PLANS, 401K, ETC. ARE TAXABLE TO MUNICIPALITIES IN THE YEAR EARNED. Income should be pro-rated if you resided in Mt. Healthy for less than a full year (please attach explanation).
2. List all taxable income reported on lines 13 through 18. All income reported must be documented by appropriate Federal Schedules (C, E etc.) or other documentation. Business losses may not be used to offset W-2 wages. INTEREST, DIVIDEND, RETIREMENT INCOME (SOCIAL SECURITY, PENSIONS), ACTIVE DUTY MILITARY PAY, AND UNEMPLOYMENT COMPENSATION ARE NOT TAXABLE TO MT. HEALTHY.
5.
 - A. List tax withheld by your employer for Mt. Healthy.
 - B. Estimated tax paid to Mt. Healthy.
 - C. Credit for tax paid to another municipality. Multiply wages taxed by another city times 1.25%. Total the credits for each W-2 and enter amount on line 5C. If wages are pro-rated, credit is computed only on wages taxable to Mt. Healthy. Wages not taxed by another city are not eligible for the credit. Business accounts (Schedule C filers) must attach a copy of the tax return filed with another city in order to verify the credit claimed. NO CREDIT IS ALLOWED FOR COUNTY TAXES PAID.
 - D. Total of lines 5A through 5C.
6. Subtract line 5D from line 4. Balance due must be paid in full by the due date of the return. MINIMUM LATE PAYMENT PENALTY IS \$75.00. No additional taxes of less than two dollars (\$2.00) shall be collected.
7. Overpayment will be applied to your next year estimate unless you request a refund. No refunds under \$2.00.
8. ESTIMATE INCOME FOR THIS YEAR. IF YOUR EMPLOYER DOES NOT WITHHOLD MT. HEALTHY TAX FROM YOUR PAYCHECK, YOU ARE REQUIRED BY THE MT. HEALTHY TAX ORDINANCE TO FILE A DECLARATION OF ESTIMATED TAX AND MAKE QUARTERLY ESTIMATED TAX PAYMENTS. ESTIMATED TAX PENALTIES WILL BE CHARGED FOR FAILING TO MAKE THE REQUIRED QUARTERLY PAYMENTS.
 8. A. Tax withheld by your employer for Mt. Healthy.
 - B. Credit for tax paid to another city (not to exceed credit limit of 1.25%).
 - C. Total credits (add line 8A & 8B).
9. Subtract line 8C from line 8 for the net estimated tax due.
10. Divide amount by 4 (quarters).
 - A. Subtract prior year overpayment (credit from line 7).
11. The first quarter 2009 must be paid with the filing of this return.
12. TOTAL BALANCE DUE FROM LINE 6 & LINE 11 MUST BE PAID WITH THIS RETURN.

LATE FILING AND PAYMENT CHARGES

INTEREST: ALL TAXES AND DECLARATIONS REMAINING UNPAID AFTER PRESCRIBED DUE DATES SHALL BE CHARGED INTEREST AT THE RATE OF 1-1/2% PER MONTH OR FRACTION THEREOF.

PENALTY: FILING AND/OR PAYING TAXES AFTER APRIL 15, 2009 SHALL BE CHARGED THE PENALTY OF SEVENTY-FIVE (\$75.00) DOLLARS.

**FILING IS REQUIRED EVEN IF NO TAX IS DUE!!!!
TAX RETURN FILING AND PAYMENT CALENDAR**

APRIL 15 File Declaration With 1 st quarter payment	JULY 15 Make 2 nd quarterly payment	OCT. 15 Make 3 rd quarterly payment	JAN. 15 Make 4 th quarterly payment	APRIL 15 File return. Pay quarterly payment
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1. **CIRCLE ONE:** **MASTERCARD** **VISA**
2. **ACCOUNT NUMBER (16 DIGITS)** _____
3. **EXPIRATION DATE:** _____
4. **AMOUNT TO BE PAID:** \$ _____
5. **YOUR SIGNATURE FOR AUTHORIZATION:** _____