

**2018**

OR  
 FISCAL PERIOD \_\_\_\_\_ TO \_\_\_\_\_

INCOME TAX DEPARTMENT  
 (440) 988-4212 FAX (440) 988-3749  
 Fillable PDF (tax return)  
 available at: [www.amherstohio.org](http://www.amherstohio.org)

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FOR INCOME TAX DEPARTMENT USE ONLY

TOTAL \_\_\_\_\_ AUD \_\_\_\_\_

PAID W/RETURN: \_\_\_\_\_ CK NO. \_\_\_\_\_

DUE \_\_\_\_\_ CR TO 2019 \_\_\_\_\_ REFUND \_\_\_\_\_

**DECLARING EXEMPTION**  
 Exemption Certificate on Pg. 2 Must Be Completed

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IF YOU MOVED DURING THE TAX YEAR, COMPLETE THIS BLOCK

Date moved into Amherst \_\_\_\_\_

Previous Address \_\_\_\_\_

Date moved out of Amherst \_\_\_\_\_

Present Address \_\_\_\_\_

**MAKE SURE YOUR CORRECT NAME AND ADDRESS ARE ON THIS FORM.**

|            |           |
|------------|-----------|
| SSN or FID | JOINT SSN |
|            |           |

**W-2 WORKSHEET SEE INSTRUCTIONS BEFORE COMPLETING ROUND TO NEAREST WHOLE DOLLAR**

**W-2  
COPIES  
MUST  
BE  
ATTACHED**

|   | COLUMN 1            | COLUMN 2                        | COLUMN 3  | COLUMN 4             | COLUMN 5   |
|---|---------------------|---------------------------------|---|----------------------|--|
| Date wages were Earned (Month/Day)<br>From To | CITY WHERE EMPLOYED | GROSS WAGES—HIGHEST WAGE ON W-2 | 2106 EXPENSES, REDUCES CREDIT ALLOWED IN COL. 5 | AMHERST TAX WITHHELD | OTHER CITY TAX WITHHELD<br><br>MAX CREDIT LIMIT<br>1% OF WAGES |
|   |                     |                                 |   |                      |  |
|   |                     |                                 |   |                      |  |
|   |                     |                                 |   |                      |  |
|   |                     |                                 |   |                      |  |
|   | <b>TOTALS</b>       |                                 |   |                      |  |

**ATTACH A COPY OF 1040 (1ST PG. ONLY), ALL APPLICABLE W-2S, FEDERAL SCHEDULES, EXPLANATIONS ETC...**

|   |   |    |    |
|---|---|----|----|
| <b>INCOME</b>   | 1. Total W-2 wages from column 2, W-2G and 1099 income.....   | 1  | \$ |
|   | 2. 2106 Expenses from column 3, Sch. A & Form 2106 Must Be Attached.....  | 2  | \$ |
|   | 3. TAXABLE WAGES. SUBTRACT LINE 2 FROM LINE 1 .....   | 3  | \$ |
|   | 4. Other income. From schedule C, E and H on Pg. 2, Line 12 .....   | 4  | \$ |
|   | 5. TOTAL AMHERST INCOME. ADD LINES 3 AND 4 .....  | 5  | \$ |
|   | 6. AMHERST INCOME TAX. MULTIPLY LINE 5 BY 1-1/2% (.015) .....   | 6  | \$ |
| <b>TAX WITHHELD, PAYMENTS AND CREDITS</b>                 | 7. Amherst income tax withheld from column 4 .....  | 7  | \$ |
|   | 8. Prior year credits.....  | 8  | \$ |
|   | 9. Estimated payments .....   | 9  | \$ |
|   | 10. Credit for taxes withheld to other cities from column 5 .....   | 10 | \$ |
|   | 11. Credit for taxes paid to other cities (limit 1%). See instructions .....  | 11 | \$ |
|   | 12. TOTAL PAYMENTS AND CREDITS. ADD LINES 7 THROUGH 11 .....  | 12 | \$ |
|   | 13. <b>TAX BALANCE.</b> If line 6 is more than 12, enter amount due .....   | 13 | \$ |
|   | 14. Late Filing Penalty. \$25 per month not to exceed \$150, if applicable .....  | 14 | \$ |
|   | 15. Late Payment Penalty. 15% of line 13 _____ Interest (Visit <a href="http://www.amherstohio.org">www.amherstohio.org</a> for rates) .... | 15 | \$ |
|   | 16. <b>TOTAL DUE.</b> Add lines 13 through 15. Carry to line 26 below (No remittance due if \$10.00 or less) ...                            | 16 | \$ |
|   | 17. <b>OVERPAYMENT.</b> If line 12 is more than the total of lines 6, 14 and 15 enter here..  | 17 | \$ |
|   | 18. AMOUNT FROM LINE 17 TO BE REFUNDED (No refund if \$10.00 or less) ....  | 18 | \$ |
| 19. AMOUNT FROM LINE 17 TO BE CREDITED TO NEXT YEAR ..... | 19  | \$ |    |

|                               | DECLARATION OF ESTIMATED TAX FOR 2019 (NOT MANDATORY)  |    |
|-------------------------------|--|----|
| <b>ESTIMATE FOR NEXT YEAR</b> | 20. Total estimated income subject to tax \$ _____ Multiply by tax rate of 1-1/2% (.015) .....         | 20 |
|                               | 21. Subtract any estimated income tax to be withheld or paid to other cities (limit 1% of wages) ..... | 21 |
|                               | 22. Balance of city income tax declared. Subtract line 21 from line 20 .....                           | 22 |
|                               | 23. Tax due before credits. Enter at least 25% of line 22 .....  | 23 |
|                               | 24. Less credits. Enter line 19 from above .....   | 24 |
|                               | 25. Net estimated tax due. Subtract line 24 from line 23 .....   | 25 |
|                               | 26. Enter total due from line 16 above (No remittance due if \$10.00 or less) .....                    | 26 |
|                               | 27. <b>TOTAL DUE. ADD LINES 25 &amp; 26. MAKE CHECKS PAYABLE TO AMHERST INCOME TAX DEPT.</b> .....     | 27 |

If this return was prepared by a tax practitioner, check here if we may **NOT** contact him/her directly with questions regarding the preparation of this return.

The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated and that the figures used herein are the same as used for Federal Income Tax purposes.

|   |                  |                                       |                  |
|---|------------------|---------------------------------------|------------------|
| SIGNATURE OF PREPARER, IF OTHER THAN TAXPAYER | DATE             | SIGNATURE OF TAXPAYER                 | DATE             |
| NAME AND ADDRESS OF PREPARER (PLEASE PRINT)   | TELEPHONE NUMBER | SIGNATURE OF SPOUSE (IF JOINT RETURN) | TELEPHONE NUMBER |

**Due to pending State of Ohio legislation, the laws governing the application of the Net Operating Loss (NOL) at the municipal level are unclear, and subject to change as of the printing of this form. Please check our website at [www.amherstohio.org](http://www.amherstohio.org) for further information/updates as they become available.**

**Attach copies of all Federal forms and schedules used to compute your local income.**

**SCHEDULE C - PROFIT OR LOSS FROM BUSINESS OR PROFESSION**

|   | <b>Profit<br/>Col. A</b> | <b>Loss<br/>Col. B</b> |
|---|--------------------------|------------------------|
| 1. Net Profit or Loss   | 1. \$ _____              | \$( _____ )            |
| 2. Add Items not Deductible   | 2. \$ _____              | \$ _____               |
| 3. Deduct Items not Taxable   | 3. \$( _____ )           | \$( _____ )            |
| 4. Adjusted Net Profit or Loss  | 4. \$ _____              | \$ _____               |
| 5. % allocable to Amherst from Schedule Y Line 5<br>(Resident individuals should report 100% of their profit or loss) | 5. _____ %               | _____ %                |
| 6. Multiply line 4 by line 5 - Total Schedule C income/loss   | 6. \$ _____              | \$( _____ )            |

**{ For Corporations and Partnerships Only }**  
**- See Sch. X at [www.amherstohio.org](http://www.amherstohio.org)**

**SCHEDULE E - PROFIT OR LOSS FROM RENTS**

Addresses of properties must be listed on Federal Schedule E

|    |          |     |             |
|----|----------|-----|-------------|
| 7. | \$ _____ | 9a. | \$( _____ ) |
|----|----------|-----|-------------|

**SCHEDULE H - ALL OTHER TAXABLE INCOME**

Do not report W2G or 1099 Misc Income here.

|    |          |     |             |
|----|----------|-----|-------------|
| 8. | \$ _____ | 9a. | \$( _____ ) |
|----|----------|-----|-------------|

9 & 9a. Total Line 6, 7 and 8

|    |          |     |             |
|----|----------|-----|-------------|
| 9. | \$ _____ | 9a. | \$( _____ ) |
|----|----------|-----|-------------|

10. Prior NOL (5 yr. limit - schedule must be attached)

|     |             |
|-----|-------------|
| 10. | \$( _____ ) |
|-----|-------------|

11. Line 9 plus Line 10 (Profit less prior loss)

|     |          |
|-----|----------|
| 11. | \$ _____ |
|-----|----------|

12. Line 11 plus Line 9a (Remaining profit less current year loss)  
 Carry profit on line 12 to the front of the return, line 4

|     |          |
|-----|----------|
| 12. | \$ _____ |
|-----|----------|

If taxes paid to other cities, documentation must be attached. No credit will be given on profit negated by loss.

**SCHEDULE Y - BUSINESS ALLOCATION FORMULA**

For Non-Resident Businesses

|  | <b>A. All<br/>Locations</b>            | <b>B. Amherst<br/>Locations</b> | <b>C. Column<br/>B ÷ A</b> |
|--|--|---------------------------------|----------------------------|
| 1. a) Avg. Original Cost of Real & Tangible Personal Property        | \$ _____                               | \$ _____                        |                            |
| b) Gross Annual Rental Receipts Multiplied by 8.....                 | \$ _____                               | \$ _____                        |                            |
| c) Total of Line 1.....  | \$ _____                               | \$ _____                        | %                          |
| 2. Gross Receipts from Sales.....                                    | \$ _____                               | \$ _____                        | %                          |
| 3. Wages, Salaries Paid.....   | \$ _____                               | \$ _____                        | %                          |
| 4. Total Percentages   |  |                                 | %                          |
| 5. AVERAGE PERCENT (Divide Total Percent by # of Percentages Used) . |  |                                 | %                          |
|  | Enter here and on Line 5 of Schedule C |                                 | %                          |

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**EXEMPTION CERTIFICATE (Signature is required on front of this form)**

No taxable income to be reported due to the reason(s) below:

- UNDER 18 for the entire year of \_\_\_\_\_. My date of birth is \_\_\_/\_\_\_/\_\_\_ (Attach proof of DOB)
- RETIRED - I received only pension, Social Security and/or interest or dividend income.
- ACTIVE MEMBER OF THE U.S ARMED FORCES FOR THE ENTIRE YEAR OF \_\_\_\_\_.  
 (This exemption does not include civilians employed by the military or the National Guard)
- DOMICILED OUTSIDE THE CITY OF AMHERST FOR THE ENTIRE YEAR OF \_\_\_\_\_ .  
(Declaration of Domicile form must be attached - see website or call office)
- NO EARNED INCOME FOR THE ENTIRE YEAR OF \_\_\_\_\_.  
 (Public Assistance, SSI, Unemployment, etc. is not considered earned income.)