

2019

OR
 FISCAL PERIOD _____ TO _____

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

FOR INCOME TAX DEPARTMENT USE ONLY
 TOTAL _____ AUD _____
 PAID W/RETURN: _____ CK NO. _____
 DUE _____ CR TO 2020 _____ REFUND _____

DECLARING EXEMPTION
 Exemption Certificate on Pg. 2 Must Be Completed

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**

Date wages were Earned (Month/Day) From To	COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5
	CITY WHERE EMPLOYED	GROSS WAGES—HIGHEST WAGE ON W-2	PART YEAR RESIDENT WAGE REDUCTION <small>SEE INSTRUCTIONS</small>	AMHERST TAX WITHHELD	OTHER CITY TAX WITHHELD
TOTALS					

ATTACH A COPY OF 1040, ALL APPLICABLE W-2S, FEDERAL SCHEDULES, EXPLANATIONS ETC...

INCOME			
1. Total W-2 wages from column 2, W-2G and 1099 income.....	1	\$	
2. Partial year wages earned while not a resident of Amherst from Column 3	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	\$	
TAX	6. AMHERST INCOME TAX. MULTIPLY LINE 5 BY 1-1/2% (.015)	6	\$
TAX WITHHELD, PAYMENTS AND CREDITS	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. TAX BALANCE. If line 6 is more than 12, enter amount due	13	\$
BALANCE DUE, REFUND OR CREDIT	14. Late Filing Penalty. \$25 per month not to exceed \$150, if applicable	14	\$
	15. Late Payment Penalty. 15% of line 13 _____ Interest (Visit www.amherstohio.org for rates)	15	\$
	16. TOTAL DUE. Add lines 13 through 15. Carry to line 26 below (No remittance due if \$10.00 or less) ...	16	\$
	17. OVERPAYMENT. 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	\$

ESTIMATE FOR NEXT YEAR	DECLARATION OF ESTIMATED TAX FOR 2020 (NOT MANDATORY)		
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	\$	
TAX DUE	26. Enter total due from line 16 above (No remittance due if \$10.00 or less)	26	\$
27. TOTAL DUE. ADD LINES 25 & 26. MAKE CHECKS PAYABLE TO AMHERST INCOME TAX DEPT.	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

SCHEDULE C - PROFIT OR LOSS FROM BUSINESS OR PROFESSION

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

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For Corporations and Partnerships Only
- See Sch. X at www.amherstohio.org

	Profit Col. A	Loss Col. B
1.	\$ _____	\$(_____)
2.	\$ _____	\$ _____
3.	\$(_____)	\$(_____)
4.	\$ _____	\$ _____
5.	_____ %	_____ %
6.	\$ _____	\$(_____)

SCHEDULE E - PROFIT OR LOSS FROM RENTS
Addresses of properties must be listed on Federal Schedule E

7.	\$ _____	\$(_____)
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SCHEDULE H - ALL OTHER TAXABLE INCOME
Do not report W2G or 1099 Misc Income here.

- 9 & 9a. Total Line 6, 7 and 8
10. Total of Lines 9 and 9a
11. Prior NOL (5 yr. limit - schedule must be attached)

8.	\$ _____	\$(_____)
9.	\$ _____	9a. \$(_____)
10.	\$ _____	

- 2014-2016 Losses
- 11a. \$ _____
- 2017-2018 Losses
- 11b. \$ _____ X 50% = \$(_____)
(limited to 50%)

11a + 11b \$(_____)

12. \$ _____

12. Carry profit on line 12 to the front of the return, line 4

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

	A. All Locations	B. Amherst Locations	C. Column B ÷ A
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		%

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 _____
- NO EARNED INCOME FOR THE ENTIRE YEAR OF _____.
(Public Assistance, SSI, Unemployment, etc. is not considered earned income.)

*(Declaration of Domicile form must be attached - see website or call office)

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