

CITY OF AMHERST

480 PARK AVENUE, AMHERST, OH 44001

THIS RETURN IS DUE BY THE IRS DUE DATE.

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 _____ 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 CITY WHERE EMPLOYED	COLUMN 2 GROSS WAGES—HIGHEST WAGE ON W-2	COLUMN 3 WAGES EARNED WHILE AMHERST RESIDENT <small>SEE INSTRUCTIONS</small>	COLUMN 4 AMHERST TAX WITHHELD	COLUMN 5 OTHER CITY TAX WITHHELD	COLUMN 6 MAX CREDIT 1% OF TAXED WAGES
TOTALS						

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

INCOME	1	2	3	4	5	6
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	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	\$				
TAX WITHHELD, PAYMENTS AND CREDITS	7	8	9	10	11	12
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	\$				
BALANCE DUE, REFUND OR CREDIT	13	14	15	16	17	18
13. TAX BALANCE. 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 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	20	21	22	23	24	25
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	27				
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

}

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)
 - 2015-2016 Losses
 - 11a. \$ _____
 - 2017-2019 Losses
 - 11b. \$ _____ X 50% = \$(_____)
(limited to 50%)
12. Carry profit on line 12 to the front of the return, line 4

8.	\$ _____	\$(_____)
9.	\$ _____	9a. \$(_____)
10.	\$ _____	
11a + 11b	\$(_____)	
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

	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		%

Taxpayer ↓ Spouse ↓

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)

CITY OF AMHERST INCOME TAX INSTRUCTIONS

WHO MUST FILE:

Every Resident, full or partial year, 18 years of age and older, must file a tax return, whether or not taxes are due. If you have no income or your ONLY source of income is retirement income (ie, SSI, pensions, interest, dividends, IRA and 401k distributions), complete the exemption certificate on page 2 of the return.

Every Business Entity, whether a resident or non-resident, who conducts a business in Amherst must file a return and pay any tax on that profit. If you have a net loss you are still required to file a return. ("Business" includes rental income.)

Non-Resident Individuals, earning income in Amherst not subject to the withholding of Amherst income tax must also file a return.

UNDER 18: If a person is under 18, was employed in the city of Amherst and had Amherst taxes withheld, complete an Application for Refund available at www.amherstohio.org. Attach a copy of a birth certificate or driver's license with a copy of your W-2.

FILING STATUS: Taxpayers who prepare their federal and state tax returns using the "married filing separate" status to lower their overall tax liability may still file a joint return for the city of Amherst. Filing a joint return will neither increase nor decrease your City of Amherst tax liability. Husband and wife may file joint returns, in which case both must sign the return and submit their social security numbers.

WHEN TO FILE: Taxpayers who end their taxable year on December 31 must file on or before the IRS due date. Taxpayers on a fiscal year must file on or before the 15th day of the fourth month after the close of that fiscal year or other period.

EXTENSIONS: Extension requests must be postmarked by the IRS due date or be subject to penalties and interest. Requests should be mailed to the Amherst tax office, e-mailed to incometax@amherstohio.org, or faxed to (440) 988-3749. If you have received a Federal extension it will be honored if attached to the tax return and postmarked by the extended IRS due date. **An extension request is not an extension of time to pay.**

PARTIAL YEAR RESIDENTS: If you only lived in Amherst during part of the year you must file a tax return covering that time. Report the amount of income you earned while you lived in Amherst. Pay statements with year-to-date figures or a statement from your payroll department must be used if available. When the actual amount you earned while living in Amherst cannot be determined, you may break down your earnings by the number of months employed at the job arriving at a monthly earnings

figure. Use the monthly earnings figure multiplied by the number of months of residency to find your taxable amount. If you pro-rate your income you must also pro-rate your city tax that was withheld on the same income. **Attach a worksheet explaining your calculations.**

DECLARATION OF ESTIMATED TAX: Taxpayers who expect to receive taxable income for the coming year may declare estimated tax payments (25% of full amount may be paid at the time of filing the annual return). The estimated tax payment due dates are June 15th, September 15th, and January 15th. This declaration is not mandatory.

LATE FILING PENALTY: Except in those cases where an extension was filed, a late filing penalty of \$25.00 per month, not to exceed \$150.00, shall be due on returns filed after the due date, even when no tax is due.

LATE PAYMENT PENALTY: A penalty will be charged on unpaid tax equal to fifteen percent (15%) of the amount not timely paid.

INTEREST: The interest rate used shall be the Federal short-term rate (rounded to the nearest whole number percent) plus five percent (5%). The rate shall apply for the calendar year next, following July of the year in which the Federal short-term rate is determined.

NET OPERATING LOSSES: The net loss from an unincorporated business activity may not be used to offset salaries, wages, commissions or other compensation. Operating losses may be carried forward for a maximum period of five years, and may be used to reduce taxable income. 100% of Pre-2017 losses may be used; however, Post 2017 losses can only be utilized at 50%. **An NOL schedule must accompany this return.**

AMENDED RETURNS: Amended returns are accepted by completing an income tax return with the words "Amended Return" printed across the top and indicating the year being amended. The amended return is required within three (3) months of the final determination of any changed tax liability resulting from the Federal audit, Judicial decision, or other circumstances.

TAXABLE INCOME: Amherst income tax is levied at the rate of 1.5%. Income taxable to the city is listed below. While this list is not comprehensive, it encompasses most of the taxable situations. In addition to the listing, the net profits of all unincorporated businesses, professions, rentals or other activities conducted by residents and non-residents of the city of Amherst are taxable.

TAXABLE INCOME	
Wages, salaries and other compensation Bonuses, stipends and tip income Commissions, fees and other earned income Sick pay paid by employer Employee contributions to retirement plans and tax deferred annuity plans (including Sec. 401k, 403b, 457b, etc) Net farm income Net rental income Net profits of businesses, professions, sole proprietorships, etc Income from partnerships, s-corporations, estates or trusts Employer contributions to cost of fringe benefits Vacation pay Stock options	"C" Compensation - Group Term Life Insurance Premiums over \$50K Income from guaranteed annual wage contract Director fees Strike pay Uniform, automobile, moving and travel allowances Employer-provided education assistance, prizes and gifts, taxable to the same extent as Federal Income Tax. Executor fees Disability payments from employer Supplemental Unemployment Benefits (SUB pay) Gambling, lottery, and games of chance Ordinary gains on sale of tangible property reported on IRS form 4797 Hobby Income Any other income that is not specifically excluded in the non-taxable income definition of ORC 718

NON-TAXABLE INCOME	
Interest or dividend income Pre-tax contributions made by or on behalf of employees to cafeteria plans (Sec 125 Plans, etc) Welfare benefits Social Security Income from qualified pension plans State unemployment benefits Worker's compensation Proceeds of life insurance Third Party Sick Pay Alimony	Government disability payments Poll worker income Military pay (Including National Guard) Earnings of persons under 18 years of age Capital gains Patent and copyright income Royalties derived from intangible property Annuity distributions Compensatory insurance proceeds derived from property damage or personal injury settlements

LINE BY LINE INSTRUCTIONS

Make sure your correct name and address are on the form. If you moved during the tax year, complete the applicable area.

PAGE 1

Column 1 – Enter the city where employed. If your W-2 states “various” or “all cities,” please attach a copy of the itemized breakdown. In addition, W-2G and 1099 Misc income not included on Federal Schedule C should be reported here.

Column 2 – Enter the wages earned on each wage statement. In most cases the amount shown in Box 18 of the W-2 should be used. However, if Box 5 is higher, that wage must be used to calculate total wages earned.

Column 3 – For partial year residents, enter the amount of wages included in gross wages that were earned while you were **NOT** an Amherst resident.

Column 4 – Enter City of Amherst tax withheld from Box 19 on the W-2.

Column 5 – Amherst allows a tax credit for taxes withheld by another city up to 1%. Credit may not exceed 1% of the wages actually taxed by another city on each wage statement. When income is reduced for partial year residency, the tax credit in column 5 is also reduced. If a portion of your gross income is not taxed by another city, 1.5% tax is owed on that portion. (For example, township wages are not withheld on; therefore, no credit is given and the wages are taxed at the full 1.5%.)

Line 1 – Enter total amount of the wage statements from Column 2. Attach all wage statements to the back of the return.

Line 2 – Enter the amount of wages earned while **NOT** a resident of Amherst.

Line 3 – Subtract Line 2 from Line 1.

Line 4 – Enter the amount of other income from Page 2, Line 12, but not less than -0-. Attach appropriate schedules and documentation.

Line 5 – Add Lines 3 and 4.

Line 6 – Multiply Line 5 by 1-1/2% (.015).

Line 7 – Enter tax withheld for Amherst from Column 4.

Line 8 – Enter any prior year credits.

Line 9 – Enter any estimated payments made.

Line 10 – Enter credit for taxes withheld by other cities from Column 5.

Line 11 – Enter credit for taxes paid to other cities not shown on a W-2. Credit may not exceed 1% of the income actually taxed by the city of Amherst. No credit will be given on profit negated by loss. Attach appropriate documentation verifying credits from other cities. (Copy of other city tax returns will be acceptable.)

Line 12 – Add Lines 7 through 11.

Line 13 – Subtract Line 12 from Line 6. If Line 6 is more than Line 12, enter tax due.

Line 14 – Enter Late Filing Penalty, if applicable.

Line 15 – Enter Late Paying Penalty and Interest, if applicable. Enter the total of these amounts on Line 15.

Line 16 – Add Lines 13, 14, and 15. Enter total here.

Line 17 – If Line 12 is more than the total of Lines 6, 14 and 15, enter overpayment here.

Lines 18 & 19 – Indicate disposition of overpayment either by refund or credit to next year.

NOTE: If you do not wish to make estimated payments for the next tax year, proceed to Line 25, enter -0- and enter total due from Line 16 on Line 26.

Line 20 – Enter estimated income subject to tax, multiplied by a tax rate of 1.5%.

Line 21 – Enter any Amherst tax to be withheld or credit for tax withheld/paid to another city.

Line 22 – Enter net tax due by subtracting Line 21 from Line 20.

Line 23 – Enter amount due with estimate, 25% of Line 22.

Line 24 – If applicable, enter over payment from previous year (Line 19). If Line 19 exceeds Line 23, credit will carry over into 2nd Quarter payment.

Line 25 – Subtract Line 24 from Line 23.

Line 26 – Enter amount from Line 16.

Line 27 – Add Lines 25 and 26. **Sign and date return and make check payable to the Amherst Income Tax Department.**

PAGE 2

SCHEDULE C: Net profits shall be determined on the basis of the information used for Federal income tax purposes, adjusted to the requirements of the ordinance. All business entities must attach copies of appropriate Federal Schedules.

SCHEDULE E: Rental income is taxable only if the aggregate monthly rental exceeds \$100.00.

SCHEDULE H: This schedule is used to list all other taxable income not reported elsewhere on this return. W-2G and 1099 income should be reported on the front of the tax return, line 1.

SCHEDULE X: See ORC 718.02 for items that are taxable and deductible. See Schedule X on the income tax department page at www.amherstohio.org.

SCHEDULE Y: To be used only when the books and records of the taxpayer do not disclose with reasonable accuracy the net profit attributable to Amherst. A business allocation formula consisting of the average property, wages paid, and gross receipts may be used by business entities not required to pay tax on entire net profits.