

2022

OR
 FISCAL PERIOD _____ TO _____

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

eFile and ePay available on our website

FOR INCOME TAX DEPARTMENT USE ONLY

TOTAL _____ AUD _____

PAID W/RETURN: _____ CK NO. _____

DUE _____ CR TO 2023 _____ 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 * MEDICARE WAGES ON W-2, BOX 5	COLUMN 3 WAGES EARNED WHILE AMHERST RESIDENT SEE INSTRUCTIONS	COLUMN 4 AMHERST TAX WITHHELD	COLUMN 5 OTHER CITY TAX WITHHELD	COLUMN 6 MAX CREDIT 1% OF TAXED WAGES
TOTALS						

**If the Medicare wage is not shown in box 5, please contact our office*

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	\$				
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	\$				
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	\$				

DECLARATION OF ESTIMATED TAX FOR 2023 (NOT MANDATORY)

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

	Profit Col. A	Loss Col. 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 (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

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	9. \$ _____	9a. \$ (_____)
10. Total of Lines 9 and 9a	10. \$ _____	
11. Prior NOL (5 yr. limit - schedule must be attached)	11. \$ (_____)	
2017-2021 \$ _____ X 50% = \$ (_____) (limited to 50%)		
12. 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

	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)

Taxpayer ↓ Spouse ↓