CITY OF AMHERST

480 PARK AVENUE, AMHERST, OH 44001 THIS RETURN IS DUE BY THE IRS DUE DATE.

NAME AND ADDRESS OF PREPARER (PLEASE PRINT)

eFile and ePay available on our website

2023

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

_____ AUD __

					PAID W/I	RETURN:		CK NO	L			
							CR TO 2024					
					DUE							
						DECLARING EXEMPTION Exemption Certificate on Pg. 2 Must Be Completed						
						IF YOU MOVED DURING THE TAX YEAR, COMPLETE THIS BLOCK						
						, and the second						
IAKE SURE YOUR CORRECT NAME AND ADDRESS ARE ON THIS FORM.						Date moved into Amherst Previous Address						
					Date moved out of Amherst							
SSN or FID JOINT SSN					Present Address							
N-2 WOR	KSHEET						TO NEARE	ST	WHOLE			
	Date wages were	COLUMN 1	* MEDICARE WAGES		LUMN 3 EARNED V		AMHERST	0-	THER CITY	COLUMN 5 MAX CREDIT 1%		
W-2	Earned (Month/Day) From To	CITY WHERE EMPLOYED	ON W-2, BOX 5	AMHER	RST RESID	ENT	TAX WITHHELD	1	(WITHHELD	OF TAXED WAGES		
COPIES				Otto								
MUST												
BE												
TACHED												
		TOTALS					···					
	ΔΤΊ	ît the Medicar FACH A COPY OF 1040, ALL A	e wage is not shown in bo					TC:				
NCOME		Total W-2 wages from column 2,							\$			
		Partial year wages earned while										
	3. 1	TAXABLE WAGES. SUBTRACT	LINE 2 FROM LINE 1					3	\$			
	4. (Other income. From schedule C	, E and H on Pg. 2, Line 1	2				4	\$			
FAV		TOTAL AMHERST INCOME. AD										
<u>rax</u>		AMHERST INCOME TAX. MULT						6	\$			
ΓAX		Amherst income tax withheld fro							-			
NITHHELD,		Prior year credits Estimated payments							-			
PAYMENTS		Credit for taxes withheld to other							-			
AND		Credit for taxes paid to other cities							-			
CREDITS		OTAL PAYMENTS AND CREDI						12	\$			
DAL ANOE	13. 1	TAX BALANCE. If line 6 is more	e than 12, enter amount d	ue				13	\$			
BALANCE	14. Late Filing Penalty. \$25.00, if applicable											
DUE,		ate Payment Penalty. 15% of lin										
REFUND		TOTAL DUE. Add lines 13 through	-				\$10.00 or less)	16	\$			
)R		OVERPAYMENT. If line 12 is more	*			<u> </u>			1			
CREDIT		AMOUNT FROM LINE 17 TO BE AMOUNT FROM LINE 17 TO BE							1			
						Ψ			1			
CTIRAATE		DECLARATION OF ESTIMATED	- (,	-1 1 1/00	V (015)	00				
STIMATE		Total estimated income subject to Subtract any estimated income t							\$			
OR		Balance of city income tax decla	·									
VEXT		Tax due before credits. Enter at							\$			
/EAR		ess credits. Enter line 19 from a							\$			
	25. N	Net estimated tax due. Subtract	line 24 from line 23				<u></u>	25	\$			
TAX DUE	26. E	Enter total due from line 16 abov	ve (No remittance due if \$	10.00 or l	ess)			26	\$			
AN DUL	27. T	OTAL DUE. ADD LINES 25 & 26. MAKE	CHECKS PAYABLE TO AMHERS	ST 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.												
he 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								<u> </u>	DATE			

TELEPHONE NUMBER

SIGNATURE OF SPOUSE (IF JOINT RETURN)

TELEPHONE NUMBER

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

SCHEDULE C - PROFIT OR LOSS FROM BUSINESS OR PROFESSION		ncome.
CONLEGE OF THE PROPERTY OF THE	Profit	Loss
Net Profit or Loss	Col. A 1. \$	Col. B
 2. Add Items not Deductible	2. \$	<u>\$(</u>
3. Deduct Items not Taxable - See Sch. X at www.amherstohio.org	3. \$()	\$()
Adjusted Net Profit or Loss	4. \$	\$
5. % allocable to Amherst from Schedule Y Line 5	5. %	%
(Resident individuals should report 100% of their profit or loss)		
6. Multiply line 4 by line 5 - Total Schedule C income/loss	6. \$	\$()
SCHEDULE E - PROFIT OR LOSS FROM RENTS	7 6	(()
Addresses of properties must be listed on Federal Schedule E	7. \$	\$()
SCHEDULE H - ALL OTHER TAXABLE INCOME		
Do not report W2G or 1099 Misc Income here.	8. \$	\$()
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. \$()	
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	B. Amherst	C. Column
Locations 1. a) Avg. Original Cost of Real & Tangible Personal Property \$	<u>Locations</u> \$	<u> </u>
b) Gross Annual Rental Receipts Multiplied by 8	\$	
c) Total of Line 1\$	\$	<u>%</u>
2. Gross Receipts from Sales\$ 3. Wages, Salaries Paid\$	- \$ e	%
4. Total Percentages		
5. AVERAGE PERCENT (Divide Total Percent by # of Percentages Used) .		
Enter here and on	Line 5 of Schedule C	<u></u>
T a S S P P EXEMPTION CERTIFICATE (Signature is required on t	front of this form)	
EXEMPTION CERTIFICATE (Signature is required on the second	-	
<u> </u>	• •	
UNDER 18 for the entire year of My date of birth is _		•
☐ ☐ RETIRED - I received only pension, Social Security and/or interes☐ ☐ ACTIVE MEMBER OF THE U.S ARMED FORCES FOR THE ENT		
(This exemption does not include civilians employed by the mili		 Suard)
DOMICILED OUTSIDE THE CITY OF AMHERST FOR THE ENTI	•	•
□ □ NO EARNED INCOME FOR THE ENTIRE YEAR OF		attached - see website or call offic
(Public Assistance, SSI, Unemployment, etc. is not considered	- earned income.)	