

# CITY OF AMHERST

480 PARK AVENUE, AMHERST, OH 44001

THIS RETURN IS DUE BY THE IRS DUE DATE.

# 2021

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)

**NEW FOR 2021**  
eFile and ePay available on our website

FOR INCOME TAX DEPARTMENT USE ONLY

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

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

DUE \_\_\_\_\_ CR TO 2022 \_\_\_\_\_ 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	OTHER CITY TAX WITHHELD	COLUMN 5 MAX CREDIT 1% OF TAXED WAGES
<b>TOTALS</b>						

*\*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
1. Total W-2 wages from column 2, W-2G and 1099 income.....	1	\$			
2. Partial year wages earned while <b>NOT</b> 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	\$			
TAX	6	7	8	9	10
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. <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	\$			

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. <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

**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.	\$ _____	

2016 Losses  
11a. \$ \_\_\_\_\_

2017-2020 Losses  
11b. \$ \_\_\_\_\_ X 50% = \$( \_\_\_\_\_ )  
(limited to 50%)

11a + 11b \$( \_\_\_\_\_ )

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)

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