# CITY OF ONTARIO INCOME TAX DIVISION

555 STUMBO ROAD ONTARIO, OHIO 44906-1259

## 2015



# CITY OF ONTARIO INCOME TAX FORMS JOINT / INDIVIDUAL RETURN

#### PENALTY AND INTEREST WILL BE ASSESSED FOR FAILURE TO COMPLY

- INCOME TAX RATE 1.5%
- INCOME TAX FORGIVENESS / CREDIT EQUALS 1.0%

#### Dear Taxpayer:

This is your Ontario City Income Tax Package. To assist you in filing your return, we have included INSTRUCTIONS, THE ANNUAL RETURN, THE DECLARATION OF ESTIMATED TAX AND THE DECLARATION OF EXEMPTION.

Every Ontario resident 18 years of age and older must file an Ontario Income Tax Return by April 18, 2016.

Every non-resident individual earning income in Ontario not subject to the withholding of Ontario income tax must also file an annual return.

#### Web Site www.ontarioohio.org

#### - IMPORTANT -

BEFORE preparing your return: READ ALL GENERAL INFORMATION AND INSTRUCTIONS CAREFULLY.

AFTER preparing your return – Be sure the following requirements have been completed:

- FILE YOUR RETURN BY APRIL 18th. If delinquent, Late Filing Penalty and/or Interest Charges will be Assessed.
- ATTACH ALL REQUIRED FORMS (W-2, 1099, or FEDERAL SCHEDULES) to verify all reported figures.
- SIGN THE RETURN, both Husband and Wife must sign a joint return.
- INCLUDE PAYMENT OF ANY TAX DUE. NONPAYMENT WILL INCUR PENALTY AND/OR INTEREST CHARGES.
- COMPLETE THE DECLARATION OF ESTIMATED TAX for the following year and include payment of the first installment.

If you have questions, call or visit the office at 555 Stumbo Road. Telephone number is (419) 529-3045 Fax number is (419) 529-6132

Sincerely,

Sallie L. Neal Income Tax Administrator

#### MAKE PAYABLE AND MAIL TO:

CITY OF ONTARIO INCOME TAX DEPARTMENT 555 STUMBO ROAD ONTARIO, OH 44906-1259

PHONE 419-529-3045 FAX 419-529-6132 sneal@ontarioohio.org

Address of Firm or Preparer

### 2015

# JOINT/INDIVIDUAL INCOME TAX RETURN CITY OF ONTARIO, OHIO

Jan. 1, 2015 - Dec. 31, 2015

**DUE: APRIL 18, 2016** 

Office Use Only							
Fill Otal							
Filing Status							
Single	RESIDENT						
Married filing joint							
	NON-RESIDENT						
Married filing separate							

NAM	E:	TAXPAYER'S S	SOC SEC NO:			IF YOU HAVE TAX YEAF	MOVED D R - GIVE DA	
ADDRESS:		000	0.050.05			INTO	/	/
		SPOUSE'S SC	OC SEC NO:			OUT OF	/	/
			IFY	OU RENT, PLEASE GIVE LAN	DLORD	S INFORMATIC	N	
E-MA	IL ADDRESS:		NAME					
DUIG	NE NO		ADDRESS					
	NE NO.:							
1. \	VAGES, SALARIES, & TIPS (BOX 5 OF W-2 OR HIGHEST WAGE	ON W-2 (ATTACH ALL	W-2'S)		1	. \$		
(	EDERAL FORM 2106 DEDUCTIONS – SEE INSTRUCTIONS BOTH FORM 2106 AND FEDERAL SCHEDULE A MUST BE	ATTACHED TO RECE	VE DEDUCTION)					
(	OTHER INCOME: FROM FED SCHEDULES – SEE INSTRUC ATTACH ALL DOCUMENTATION) = 1099-R'S ARE NOT TAXA	BLE AT CITY LEVEL						
	OTAL INCOME (SUBTRACT LINE 2 FROM LINE 1 AND ADI							
	ONTARIO INCOME TAX 1.5% OF LINE 4 (LINE 4 x .015)				5	5. \$		
	CREDITS A. TAX WITHHELD BY EMPLOYER FOR CITY OF ONTARI	O		6A.				
	B. ESTIMATED TAX PAID CITY OF ONTARIO							
	C. PRIOR YEAR OVER PAYMENTS							
	D. TAX PAID CITY OF	Not to e	xceed 1.0%					
	E. TOTAL CREDITS (ADD A, B, C, and D)	of taxed (Limit pe	gross earnings er each W-2)			¢		
						\$		
	AX DUE (LINE 5 MINUS LINE 6E)					\$		
	LATE FILING FEE (\$35.00) OR NON-PAYMENT PENALTY (	,				\$		
	PENALTY (1.0% PER MONTH) 10.					\$		
11.	FOTAL AMOUNT DUE		(No payment or	refund for amount under \$3.00)	11.	\$		
	DAVMENT OF RA	I ANCE MUS	Т АССОМІ	PANY THIS RETUI	3N			
10	OVERPAYMENT: LINE 6E MINUS LINE 5. NOT LESS THAN 2					\$		
	OVERPAYMENT: LINE 6E MINUS LINE 5. NOT LESS THAN 2 AMOUNT OF OVERPAYMENT YOU WANT REFUNDED					_Ψ		
12B.	AMOUNT OF OVERPAYMENT YOU WANT CREDITED TO 20	16 ESTIMATED TAX		12B	-			
	0040 DEOL	DATION OF		D TAVEO				
	2016 DECLA **REQUIRED IF YOUR OF	ARATION OF	_	_				
	""REQUIRED IF YOUR OF	NIARIO IAX LIABIL	IIY WAS OVER	\$200.00 LAST YEAR***				
13	TOTAL INCOME SUBJECT TO TAX \$	MUJI TIPI Y RV 1	5%		13	\$		
14.	ESTIMATED CREDITS (TAX WITHHELD, PAID BY PARTNER							
15.	NET TAX DUE (SUBTRACT LINE 14 FROM LINE 13)				15.	\$		
16.	FIRST INSTALLMENT OF DECLARATION (NOT LESS THAN					\$		
		•		URN:		-\$ -\$		
17.	LESS OVENFATIVENT FNOW LINE 126 ABOVE. (\$	) = BALANC	E DOE WITH NET	UNIV	17.	-\$		
18.	TOTALAMOUNT DUE (ADD Lines 7 and 17)	PAY THIS AMOUN	T (Make Checks Pa	ayabable to City of Ontario	18.	\$		
	ndersigned declares that this return (and accompanying sched me as used for Federal Income Tax purposes where applicabl							n are
	Signature of Person Preparing if Other Than Taxpayer	Date	5	Signature of Taxpayer or Agent			Date	

Signature of Spouse (If filing Jointly)

Date

No □

	Column 1		Column 2	Column 3	Column 4	Column 5 (B)
Emplo	oyer, City, State	e	Income From Each W-2 Box 18	2106 Expenses Adj.	Ontario Tax Withheld	Other City Tax Withheld
A.						
В.						
C.						
D.						
Totals						
ENTER ON			Line 1	Line 2	Line 6A	Line 6D
(A) 2106 expenses can only l 2% of line 38 of Form 1040. F this 2106 adjustment and (B)	Please include	e a copy of Federal Form	s 2106, 1040, and S	chedule A for do	cumentation. In	come reduced by
WORKSHEET B - OTHE	R INCOME					
1. Schedule C (If taxes pa		cities, ATTACH OTHE	R CITIES' RETURI	NS		
(Attach copy of Sched	ule C)	(5)		(0)	<b>(D)</b>	(E)
( <u>A</u> )		( <u>B</u> )	)	( <u>C</u> )	( <u>D)</u>	( <u>E</u> ) (C times D)
Dusiness Name		Dualinasa	Aulalyana	Net Profit/	Allocation	Amount
A.		Business A	Address	(Loss)	Percentage	Subject to Tax
B.						
	· · ·			-	TOTAL (1)	\$
					IOIAL (I)	
2. Schedule E – Income	From Rents	(Attach Federal Sche	edule E)			\$
3. Schedule H – Other Inc	ome Not Inc	luded in Schedules C	or E (Attach Federa	al Schedules)	TOTAL (2)	\$
3. Schedule H – Other Inc	ome Not Inc		or E (Attach Federa	al Schedules)		\$
3. Schedule H – Other Income from Pa	ome Not Inc	luded in Schedules Co Estates, Trusts, Fees, Ti	or E (Attach Federa	al Schedules)	TOTAL (2)	\$ Amount
3. Schedule H – Other Income from Pa Income from Pa Received From Name/ID#	ome Not Inc	luded in Schedules Co Estates, Trusts, Fees, Ti	or E (Attach Federa ps, 1099's, etc.	al Schedules)	TOTAL (2)	
3. Schedule H – Other Income from Pa Income from Pa Received From Name/ID#	ome Not Inc	luded in Schedules Co Estates, Trusts, Fees, Ti	or E (Attach Federa ps, 1099's, etc.	al Schedules)	TOTAL (2)	
3. Schedule H – Other Income from Pa Income from Pa Received From Name/ID#	ome Not Inc	luded in Schedules Co Estates, Trusts, Fees, Ti	or E (Attach Federa ps, 1099's, etc.	al Schedules)	TOTAL (2)	
3. Schedule H – Other Income from Pa Income from Pa Received From Name/ID# A. B.	ome Not Inc rtnerships, E	luded in Schedules C of Estates, Trusts, Fees, Ti	or E (Attach Federa ps, 1099's, etc. ion and/or Location)	al Schedules)	TOTAL (2)	Amount
3. Schedule H – Other Inc. Income from Pa  Received From Name/ID#  A.  3.  DTAL OTHER INCOME (ADD  OTE: The net loss from ar ompensation. However, if a ta ss of one unincorporated bu	come Not Inc rtnerships, E LINES 1 – 3) In unincorpora expayer is en siness activit	For (Description of the description of the descript	or E (Attach Federa ps, 1099's, etc. ion and/or Location)  F RETURN  hay not be used to axable business active the profits of another	o offset salaries,	TOTAL (2)  TOTAL (3)  TOTAL  wages, commoded on the sar	\$ missions or other me return, the net
3. Schedule H – Other Inc. Income from Pa  Received From Name/ID#  A.  3.  DTAL OTHER INCOME (ADD  OTE: The net loss from ar ompensation. However, if a ta ss of one unincorporated bu inal Return Line 3 cannot be	LINES 1 – 3)  n unincorpora axpayer is en siness activity e less than ze	ENTER ON LINE 3 Of the dusiness activity in gaged in two or more to may be used to offsetero, if you have W-2 incomplete.	or E (Attach Federa ps, 1099's, etc. ion and/or Location)  F RETURN  hay not be used to axable business active the profits of another	o offset salaries,	TOTAL (2)  TOTAL (3)  TOTAL  wages, commoded on the sar	\$ missions or other me return, the net
3. Schedule H – Other Inc. Income from Pa Received From Name/ID# A. 3.  OTAL OTHER INCOME (ADD OTE: The net loss from ar impensation. However, if a ta ss of one unincorporated bu inal Return Line 3 cannot be ORKSHEET C – EXEMP	LINES 1 – 3)  n unincorpora axpayer is en siness activity e less than ze	ENTER ON LINE 3 Of the dusiness activity in gaged in two or more to may be used to offsetero, if you have W-2 incomplete.	or E (Attach Federa ps, 1099's, etc. ion and/or Location)  F RETURN  hay not be used to axable business active the profits of another inne)	o offset salaries,	TOTAL (2)  TOTAL (3)  TOTAL  wages, commoded on the sar	\$ missions or other me return, the net
3. Schedule H – Other Income from Palancome from Palancome from Name/ID# A. 3.  OTAL OTHER INCOME (ADD OTE: The net loss from an ompensation. However, if a tales of one unincorporated but inal Return Line 3 cannot be CORKSHEET C – EXEMP AM EXEMPT BECAUSE: I I AM UNDER 18 YEARS OF A	LINES 1 – 3)  n unincorpora axpayer is en siness activity e less than ze	ENTER ON LINE 3 On the dusiness activity in gaged in two or more to a may be used to offset oro, if you have W-2 incontact.  VERIFICATION.	or E (Attach Federa ps, 1099's, etc. ion and/or Location)  F RETURN  hay not be used to axable business active the profits of anothore)  ION REQUIRED	o offset salaries, vities to be include ner for purposes	TOTAL (3) TOTAL wages, comided on the sar of arriving at	\$ missions or other me return, the net
A. Schedule H – Other Income from Paral Income from Paral Received From Name/ID# A. B. S. STAL OTHER INCOME (ADD DTE: The net loss from an impensation. However, if a tass of one unincorporated but inal Return Line 3 cannot be CORKSHEET C – EXEMPERAM EXEMPT BECAUSE:	LINES 1 – 3)  n unincorpora axpayer is en siness activity e less than ze	ENTER ON LINE 3 On the dusiness activity in gaged in two or more to a may be used to offset ero, if you have W-2 incontrol of the dusiness activity in gaged in two or more to a may be used to offset ero, if you have W-2 incontrol of the dusiness activity in gaged in two or more to a may be used to offset ero, if you have W-2 incontrol of the dusiness activity in gaged in two or more to a may be used to offset ero, if you have W-2 incontrol of the dusiness activity in gaged in two or more than the dusiness activity in gaged in the dusiness activity in gaged in two or more than the dusiness activity in gaged in two or more than the dusiness activity in gaged in two or more than the dusiness activity in gaged in two or more than the dusiness activity in gaged in t	or E (Attach Federa ps, 1099's, etc.  ion and/or Location)  F RETURN  hay not be used to axable business active the profits of another th	o offset salaries, vities to be include ner for purposes	TOTAL (3) TOTAL wages, committed on the sar of arriving at	\$ \$ missions or other me return, the net overall net profits.
3. Schedule H – Other Inc. Income from Pa Received From Name/ID# A. B. DTAL OTHER INCOME (ADD DTE: The net loss from ar Impensation. However, if a ta ss of one unincorporated bu Inal Return Line 3 cannot be CORKSHEET C – EXEMP AM EXEMPT BECAUSE: B I AM UNDER 18 YEARS OF A D I HAD NO TAXABLE INCOME	LINES 1 – 3)  n unincorpora axpayer is en siness activity e less than ze  TION  AGE - BIRTH D.  E IN 2015	ENTER ON LINE 3 On the dusiness activity in gaged in two or more to a may be used to offset ero, if you have W-2 incontrol of the dusiness activity in gaged in two or more to a may be used to offset ero, if you have W-2 incontrol of your	or E (Attach Federa ps, 1099's, etc.  ion and/or Location)  F RETURN  hay not be used to axable business active the profits of anothorne)  ION REQUIRED  UNEMPLOYE  PENSION*	o offset salaries, vities to be includenter for purposes	TOTAL (3) TOTAL , wages, cominded on the sar of arriving at	\$ since it is a second of the second o
3. Schedule H – Other Inc. Income from Pa Received From Name/ID# A. B. DTAL OTHER INCOME (ADD OTE: The net loss from ar impensation. However, if a tass of one unincorporated but inal Return Line 3 cannot be VORKSHEET C – EXEMP AM EXEMPT BECAUSE: B. I AM UNDER 18 YEARS OF AR I HAD NO TAXABLE INCOME UNDERSTAND THAT I MUST I	LINES 1 – 3)  n unincorpora axpayer is en isiness activity e less than ze TION  AGE - BIRTH D.  IN 2015	Inded in Schedules Constates, Trusts, Fees, Times, Trusts, Fees, Fees, Trusts, Fees, Fees, Trusts, Fees, Fee	or E (Attach Federal ps, 1099's, etc.  ion and/or Location)  F RETURN  hay not be used to exable business active the profits of anothore)  ION REQUIRED  UNEMPLOYE  PENSION*  TURN IF ANY OF THE	o offset salaries, vities to be includence for purposes	TOTAL (2)  TOTAL (3)  TOTAL  wages, commoded on the sar of arriving at  DITIONS CHANG	\$ sissions or other me return, the net overall net profits.
3. Schedule H – Other Income from Palaceived From Name/ID# A. 3.  OTAL OTHER INCOME (ADD OTE: The net loss from arompensation. However, if a tass of one unincorporated but inal Return Line 3 cannot be I/ORKSHEET C – EXEMP  AM EXEMPT BECAUSE: 3 I AM UNDER 18 YEARS OF AD I HAD NO TAXABLE INCOME  UNDERSTAND THAT I MUST I DECLARE THE INFORMATION	LINES 1 – 3)  n unincorpora axpayer is en isiness activity e less than ze  TION  AGE - BIRTH D.  IN 2015  FILE A CITY 0	ENTER ON LINE 3 On the dules of	or E (Attach Federal ps, 1099's, etc.  ion and/or Location)  F RETURN  hay not be used to exable business active the profits of anothore)  ION REQUIRED  UNEMPLOYE  PENSION*  TURN IF ANY OF THE  D COMPLETE. ANY IN	o offset salaries, vities to be includent for purposes  ED □ □ DI  SE EXEMPT CONI	TOTAL (2)  TOTAL (3)  TOTAL  wages, cominded on the sar of arriving at   USABLED  *V  DITIONS CHANCE  ION WILL BE IN	\$ sissions or other me return, the net overall net profits.
3. Schedule H – Other Income from Palaceeived From Name/ID#  A.  3.  OTAL OTHER INCOME (ADD OTE: The net loss from arompensation. However, if a tass of one unincorporated buinal Return Line 3 cannot be Income and Exempt Because:  3. I AM UNDER 18 YEARS OF A I I HAD NO TAXABLE INCOME  UNDERSTAND THAT I MUST INCOME  UNDERSTAND THAT I MUST INCOME  CODIFIED ORDINANCES OF THE	LINES 1 – 3)  n unincorpora axpayer is en isiness activity e less than ze  TION  AGE - BIRTH D.  IN 2015  FILE A CITY O.  ISUPPLIED TO  IE CITY OF ON	ENTER ON LINE 3 On the dules of the dusiness activity in gaged in two or more to a may be used to offset or, if you have W-2 inconverse, activity in a converse of the dusiness activity in gaged in two or more to a may be used to offset or, if you have W-2 inconverse, if you have W-2 inconverse, activity in a converse of the dusiness activity in gaged in two or more to a may be used to offset or may be used to offset o	or E (Attach Federal ps, 1099's, etc.  ion and/or Location)  F RETURN  hay not be used to exable business active the profits of anothore)  ION REQUIRED  UNEMPLOYE  PENSION*  TURN IF ANY OF THE D COMPLETE. ANY N	o offset salaries, vities to be includent for purposes  ED □ □ DI  SE EXEMPT CONI	TOTAL (2)  TOTAL (3)  TOTAL  wages, cominded on the sar of arriving at   USABLED  *V  DITIONS CHANCE  ION WILL BE IN	\$ sissions or other me return, the net overall net profits.
2. Schedule E – Income Income from Paragraphic Income from Paragraphic Income from Paragraphic Income from Paragraphic Income from Name/ID#  A. B. DTAL OTHER INCOME (ADDITION OTE: The net loss from an expression. However, if a tass of one unincorporated but in all Return Line 3 cannot be Income	LINES 1 – 3)  n unincorpora axpayer is en asiness activity te less than ze  TION  AGE - BIRTH D.  IN 2015  FILE A CITY O.  I SUPPLIED TO  IE CITY OF ON	Iuded in Schedules Constates, Trusts, Fees, Times, For (Description of Constates) For (Description of Constates) Enter On Line 3 On the description of Constates activity in gaged in two or more to any may be used to offset or or of the constant of Constant o	or E (Attach Federal ps, 1099's, etc.  ion and/or Location)  F RETURN  hay not be used to exable business active the profits of another in the profi	o offset salaries, vities to be included in the purposes of the control of the co	TOTAL (2)  TOTAL (3)  TOTAL  wages, commoded on the sar of arriving at   USABLED  *V  DITIONS CHANGION WILL BE IN	\$ sissions or other me return, the net overall net profits.

# CITY OF ONTARIO, OHIO DECLARATION OF ESTIMATED TAX FOR YEAR 2016

#### 2016 ESTIMATED VOUCHER #1 - DUE APRIL 18, 2016

Name:		Last four of Soc. Sec. #	
Address:			
1. To	otal income subject to tax \$	(Multiply by .015%)	\$
2. L	ess allowable credit of other city wages	(limited to 1.0%)	\$
3. To	otal Declaration (line 1 minus line 2)	\$	
4. P	ayment amounts (line 3 times 0.225)		\$
5. C	Overpayment from previous year		\$
6. F	irst payment amount (line 4 minus line 5	j)	\$
		D BE PAID IN FOUR EQUAL INSTALLMENTS	
	2016 ESTIMATED	TAX VOUCHER #2 – DUE JUNE 15, 2016	
Name: _		Last four of Soc. Sec. #	
Λ d d v a a a .		Dhana Nivehar	
Address.		Phone Number	
	1. Payment Enclosed \$	2. Remaining Balance \$	
	2016 ESTIMATED TAX	( VOUCHER #3 – DUE SEPTEMBER 15, 2016	
Name: _		Last four of Soc. Sec. #	
Address:		Phone Number	
	1. Payment Enclosed \$	2. Remaining Balance \$	
	2016 ESTIMATED TA	X VOUCHER #4 – DUE DECEMBER 15, 2016	
Name: _		Last four of Soc. Sec. #	
Address:		Phone Number	
	1. Payment Enclosed \$	2. Remaining Balance \$	

MAIL PAYMENTS TO: CITY OF ONTARIO, INCOME TAX DEPARTMENT

555 STUMBO ROAD

**ONTARIO, OHIO 44906-1259**