



**FORM IR-EZ (W-2 INCOME ONLY)
2015 - MASON INCOME TAX RETURN - 2015**

FILE ON OR BEFORE APRIL 18, 2016 - FILING REQUIRED EVEN IF NO TAX IS DUE.
LATE FILING AND/OR LATE PAYMENT OF TAX DUE SUBJECTS YOU TO A MINIMUM \$20 PENALTY.
90% OF THE TAX MUST BE PAID BY JANUARY 31, 2016 TO AVOID PENALTY AND INTEREST.

Account Number _____

Name _____

Address _____

City/State/Zip _____

E-mail _____

SOCIAL SECURITY # _____

SPOUSE'S SS # _____

DID YOU FILE A MASON RETURN LAST YEAR? YES NO

ARE YOU A FULLTIME STUDENT? YES NO

ARE YOU A NEW RESIDENT/FIRST YEAR FILER? YES NO

IF YOU MOVED DURING THE YEAR:

PRIOR ADDRESS _____

DATE MOVED TO MASON _____

DATE MOVED FROM MASON _____

CITY OF RESIDENCE _____

RESIDENT NON-MASON RESIDENT

MAY THE MASON TAX OFFICE COMMUNICATE WITH YOU VIA THE ABOVE E-MAIL ADDRESS? YES NO

FILING STATUS Single Married filing joint return (even if only one had income). Did you file a joint or separate Mason return last year? Joint Separate
 Married filing separate return. Enter spouse's social security number above and full name here. ▶ _____

WORKSHEET A SALARIES, WAGES, TIPS AND OTHER EMPLOYEE COMPENSATION PER W-2(S) (PLEASE SEE THE STEP-BY-STEP INSTRUCTIONS)

| | COLUMN 1 | COLUMN 2 | COLUMN 3 | COLUMN 4 | COLUMN 5 |
|----------------------------|---|--|---|---|---|
| NAME OF EMPLOYER | MEDICARE WAGES W-2 (BOX 5) IF BOX 5 BLANK, USE BOX 18 | CITY WHERE EMPLOYED W-2 (BOX 20) | BOX 19 MASON TAX WITHHELD (ONLY ENTER IF "MASON" IN BOX 20) | LOCAL WAGES (OTHER THAN MASON) W-2 (BOX 18) CANNOT EXCEED COL 1 AMT | CREDIT FOR OTHER CITY'S TAX WITHHELD IF HOMEOWNER CREDIT: (COL 4 X 1%) IF NO HOMEOWNER CREDIT: (COL 4 X 1.12%) IF RESULT IS LARGER THAN W-2 BOX 19, USE BOX 19 AMT |
| A. | | NON-TAX JURISDICTION | | | |
| B. | | NON-TAX JURISDICTION | | | |
| C. | | NON-TAX JURISDICTION | | | |
| D. | | NON-TAX JURISDICTION | | | |
| E. TOTALS, IF NONE ENTER 0 | | | | | |

↳ LINE 1 BELOW

↳ LINE 7 BELOW

↳ LINE 6 BELOW

• PLEASE RETURN TO STEP-BY-STEP INSTRUCTIONS AFTER COMPLETING WORKSHEET A • 2015 REFUND FROM ANOTHER CITY? PLEASE PROVIDE DOCUMENTATION.

| | | |
|---|--|-------|
| INCOME | 1. Total Wages from Worksheet A, line E, Column 1 (W-2s MUST BE ATTACHED)..... | 1 \$ |
| | 2. Part-year Resident Adjustment (ATTACH EXPLANATION FOR CALCULATION) | 2 \$ |
| | 3. MASON TAXABLE INCOME. (line 1 minus line 2) (MUST ATTACHED PAGE 1 OF FEDERAL RETURN) | 3 \$ |
| TAX | 4. MASON INCOME TAX. MULTIPLY LINE 3 BY 1.12% (.0112) | 4 \$ |
| TAX WITHHELD, PAYMENTS AND CREDITS | 5. Resident Homeowner Credit (DO YOU QUALIFY? SEE INSTRUCTIONS) Multiply line 3 by 0.12% (.0012)..... | 5 \$ |
| | 6. Credit for Taxes Withheld to Other Cities (from Worksheet A, line E, Column 5) | 6 \$ |
| | 7. Total Mason income tax withheld from Worksheet A, line E, Column 3..... | 7 \$ |
| | 8. Prior year overpayments | 8 \$ |
| | 9. Estimated payments | 9 \$ |
| | 10. TOTAL PAYMENTS AND CREDITS. ADD LINES 5 THROUGH 9 | 10 \$ |
| BALANCE DUE, REFUND OR CREDIT | 11. TAX DUE. If line 4 is more than 10, enter tax due here (line 4 minus line 10)..... | 11 \$ |
| | 12. Penalty: late filing or payment penalty, see General Information (N) | 12 \$ |
| | 13. Interest. See General Information (O) | 13 \$ |
| | 14. TOTAL DUE. (Add lines 11 through 13) (enter 0 if less than \$3)..... | 14 \$ |
| | 15. OVERPAYMENT. If line 4 is less than line 10, enter overpayment here, less P&I (lines 12-13) if any..... | 15 \$ |
| | 16. AMOUNT FROM LINE 15 TO BE CREDITED TO NEXT YEAR (Enter \$0 if less than \$3) | 16 \$ |
| | 17. AMOUNT FROM LINE 15 TO BE REFUNDED (No refund if less than \$3) | 17 \$ |

DECLARATION OF ESTIMATED TAX FOR 2016 - REQUIRED IF ESTIMATED TAX IS \$200 OR GREATER

| | | |
|---------------------------------------|---|-------|
| ESTIMATE FOR NEXT YEAR | 18. TOTAL INCOME SUBJECT TO TAX \$ _____ MULTIPLY BY TAX RATE OF 1.12% (.0112) | 18 \$ |
| | 19. a. RESIDENT HOMEOWNER CREDIT (IF YOU QUALIFY) MULTIPLY TOTAL INCOME BY 0.12% (.0012)..... | a \$ |
| | b. TOTAL INCOME TAXED BY ANOTHER CITY \$ _____ MULTIPLY BY 1% (.01) IF CLAIMING RESIDENT HOMEOWNER CREDIT; OTHERWISE MULTIPLY BY 1.12% (.0112) IF OTHER CITY TAXING RATE IS ≥ 1.12%..... | b \$ |
| | c. TAX WITHHELD FOR MASON | c \$ |
| | d. TOTAL CREDITS (ADD LINES 19A THROUGH 19C)..... | 19 \$ |
| | 20. NET ESTIMATED TAX LIABILITY (SUBTRACT LINE 19 FROM LINE 18) NOTE: 90% OF YOUR ACTUAL TAX LIABILITY MUST BE PAID BY DECEMBER 15, 2016 TO AVOID A PENALTY | 20 \$ |
| | 21. ENTER PRIOR YEAR CARRYOVER CREDIT FROM LINE 16 ABOVE | 21 \$ |
| | 22. SUBTRACT LINE 21 FROM LINE 20 (ESTIMATED TAX FOR 2016)..... | 22 \$ |
| | 23. FIRST QUARTER ESTIMATED PAYMENT (LINE 22 DIVIDED BY 4)* | 23 \$ |
| TOTAL DUE | 24. Enter balance due from line 14 above (enter \$0 if less than \$3.00) | 24 \$ |
| | 25. TOTAL TAX DUE. ADD LINES 23 & 24. PLEASE MAKE CHECKS PAYABLE TO CITY OF MASON TAX OFFICE | 25 \$ |

*First Quarter Estimate included here. Subsequent payments are due by the 15th of June, September and December. Blank 2nd, 3rd and 4th Quarter Courtesy Coupons are available at www.imagemason.org.
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 TAXPAYER (REQUIRED) _____ DATE _____

SIGNATURE OF SPOUSE (REQUIRED IF JOINT RETURN) _____ PHONE # _____

SIGNATURE OF PREPARER, IF OTHER THAN TAXPAYER _____ DATE _____ E-MAIL _____

NAME AND ADDRESS OF PREPARER _____ PHONE # _____

MAY THE MASON TAX OFFICE DISCUSS THIS RETURN WITH THE PREPARER SHOWN? YES NO

PAYMENT METHOD (For E-file only)
PAY TOTAL DUE of _____ \$ _____
using ACH Debit from your Bank Account

COMPLETE THE FOLLOWING: (For online payment only)
 Checking Savings

BANK ROUTING NUMBER _____

BANK ACCOUNT NUMBER _____

ATTACH W-2'S HERE