

<b>CITY OF MASON</b>  <b>TAX OFFICE</b>  6000 Mason-Montgomery Road  Mason, OH 45040	<b>DECLARATION OF ESTIMATED TAX FOR YEAR 2010</b>	Phone: 513-229-8535  Fax: 513-229-8531  Make Check Payable To: City of Mason Tax Office
	Taxpayer's Name and Address	

Taxpayer's Name and Address



1. Total Income Subject to Tax \$.....Multiply by 1% for Gross Tax	\$
2. Less Expected Tax Credits:	
A. Tax to be Withheld by Employer for City of Mason..... \$_____	
B. Credit on Income Taxed by Another City (Income taxed by another city multiplied by .01)..... \$_____	
C. Total Credits (Line 2A plus Line 2B).....	\$
3. Net Tax Due (Line 1 less Line 2C).....	\$
4. Quarterly Estimated Payment (Line 3 Divided by 4).....	\$
<b>5. AMOUNT ENCLOSED</b>	<b>\$</b>

I certify that I have examined this form and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which preparer has any knowledge.

Signature of Taxpayer or Agent (required) \_\_\_\_\_ Date \_\_\_\_\_

Signature of Person Preparing (if other than taxpayer) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

May the Mason Tax Office discuss this form with the preparer shown? Yes ___ No ___	TO PAY BY CREDIT CARD: Enter number and expiration date fully and accurately.	
	 NO.	- - -
	 NO.	- - -
	Exp. Date:	Amount Authorized: \$
	Phone Number: (H)	(W)
CARDHOLDER SIGNATURE:		DATE

**SEE BACK FOR INSTRUCTIONS**

## INSTRUCTIONS FOR ESTIMATING TAX

### WHO MUST FILE

- (a) Every resident of the City of Mason who expects to receive taxable income, wherever earned, regardless of the city withheld for.
- (b) Every non-resident who expects to receive taxable income earned or derived within the City of Mason from which Mason tax will not be withheld at 1%.

### WHEN TO FILE

Quarterly installments are due on or before April 15, July 31, October 31 and January 31.

### AMOUNT OF ESTIMATED TAX REQUIRED

Taxpayers who are subject to the City of Mason income tax must have ninety percent (90%) of their current year's tax liability paid through quarterly estimated payments and withholding tax by January 31 of the following year. Taxpayers who do not meet these payment requirements are subject to an underpayment penalty as provided by the Income Tax Ordinance.

### PAYMENT OF ESTIMATED TAX

Make check payable to City of Mason Tax Office or sign the credit card section and indicate credit card number, expiration date, amount authorized and your telephone number(s).

### AMENDED DECLARATION OF ESTIMATED TAX

The Declaration of Estimated Tax may be amended at any time, but not later than January 31 of the following year, in order to meet the above payment requirements. It is the responsibility of the taxpayer to determine the amount of estimated tax due for the year, file any amendment, and pay the estimated tax.

### LINE-BY-LINE INSTRUCTIONS

On Line 1, indicate the total income subject to tax multiplied by the 1% tax rate. On Line 2A, indicate the estimated tax (if any) to be withheld by your employer for the City of Mason. On Line 2B, list any payments on taxable income to another municipality, **limited to** 100% of the Mason tax due on the portion of the earnings taxed by the city where employed. Line 2C is the total of the credits on Line 2A and 2B. Line 3 is the difference between Line 1 and Line 2C. Line 4 calculates the quarterly amount due. The quarterly payment schedule is below.

#### 2010 Declaration and Return Payment Calendar

April 15, 2010	July 31, 2010	October 31, 2010	January 31, 2011	April 15, 2011
File 2009 Return	Make 2nd quarterly payment	Make 3rd quarterly payment	Make 4th quarterly payment	File 2010 Return
File 2010 Declaration with 1/4 payment				File 2011 Declaration with 1/4 payment