



**FORM IR-EZ (W-2 INCOME ONLY)  
2013 - MASON INCOME TAX RETURN - 2013**

**FILE ON OR BEFORE APRIL 15, 2014 - 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, 2014 TO AVOID PENALTY AND INTEREST.

Account Number \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

E-mail \_\_\_\_\_

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

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

**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-TAXING JURISDICTION			
B.		NON-TAXING JURISDICTION			
C.		NON-TAXING JURISDICTION			
D.		NON-TAXING 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 • 2013 REFUND FROM ANOTHER CITY? PLEASE PROVIDE DOCUMENTATION.**

<b>INCOME</b>	1. Total Wages from Worksheet A, line E, Column 1 (W-2s MUST BE ATTACHED).....	1 \$ _____
	2. Part-year Resident Adjustment ( <b>ATTACH EXPLANATION FOR CALCULATION</b> ) .....	2 \$ _____
	3. MASON TAXABLE INCOME. (line 1 minus line 2) (MUST ATTACHED PAGE 1 OF FEDERAL RETURN) .....	3 \$ _____
<b>TAX</b>	4. MASON INCOME TAX. MULTIPLY LINE 3 BY 1.12% (.0112).....	4 \$ _____
<b>TAX WITHHELD, PAYMENTS AND CREDITS</b>	5. Resident Homeowner Credit ( <b>DO YOU QUALIFY? SEE INSTRUCTIONS</b> ) 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 \$ _____
<b>BALANCE DUE, REFUND OR CREDIT</b>	11. <b>TAX DUE.</b> 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. <b>TOTAL DUE.</b> (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 2014**

<b>ESTIMATE FOR NEXT YEAR</b>	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) <b>NOTE: 90% OF YOUR ACTUAL TAX LIABILITY MUST BE PAID BY JANUARY 31, 2015 TO AVOID A PENALTY</b> .....	20 \$ _____
	21. ENTER PRIOR YEAR CARRYOVER CREDIT FROM LINE 16 ABOVE .....	21 \$ _____
	22. SUBTRACT LINE 21 FROM LINE 20 (ESTIMATED TAX FOR 2014).....	22 \$ _____
	23. FIRST QUARTER ESTIMATED PAYMENT (LINE 22 DIVIDED BY 4)* .....	23 \$ _____
<b>TOTAL DUE</b>	24. Enter balance due from line 14 above (enter \$0 if less than \$3.00) .....	24 \$ _____
	25. <b>TOTAL TAX DUE.</b> ADD LINES 23 & 24. PLEASE MAKE CHECKS PAYABLE TO CITY OF MASON TAX OFFICE .....	25 \$ _____

\*First Quarter Estimate included here. 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:**  
 Checking  Savings

BANK ROUTING NUMBER \_\_\_\_\_

BANK ACCOUNT NUMBER \_\_\_\_\_

ATTACH W-2'S HERE