

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 1.12%.

WHEN TO FILE

Quarterly installments are due on or before April 15, June 15, September 15 and January 15.

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/or withholding tax) by January 15 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. Please note that if the amount due is \$200 or less, underpayment penalty will not apply.

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 December 15, 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

- Line 1: Indicate the estimated Total Income Subject to Tax (income earned while living or working in Mason) and multiply by the 1.12% tax rate.
- Line 2a Resident Homeowner Tax Credit: Residents who own or have an equity interest into the real estate that they are domiciled and pay real estate taxes can take a credit equal to 0.12% (.0012) of the total income. The resident's dependents may also take this credit.
- Line 2b (If you work in another taxing city): If you take the Resident Homeowner Tax Credit, *multiply* the portion of your Mason-taxable income that will also be **taxed by another city** by up to 1.00%. If you do not take the Resident Homeowner Tax Credit, *multiply* the portion of your Mason-taxable income that will also be **taxed by another city** by up to 1.12% (depending on your work city's tax rate—If your work city's tax rate is less than 1.12%, use that city's percentage to calculate the credit.).
- Line 2c: Indicate the amount of tax you expect to be withheld by your employer for the City of Mason (if any).
- Line 2d: Total credits from lines 2a through 2c.
- Line 3: Subtract line 2d from line 1.
- Line 4: Divide line 3 by four to calculate the quarterly amount due. The quarterly payment schedule is below.

2018 Declaration and Return Payment Calendar

| April 18, 2018 | June 15, 2018 | September 15, 2018 | January 15, 2019 | April 15, 2019 |
|--|----------------------------|----------------------------|----------------------------|--|
| File 2017 Return | Make 2nd quarterly payment | Make 3rd quarterly payment | Make 4th quarterly payment | File 2018 Return |
| File 2018 Declaration with 1/4 payment | | | | File 2019 Declaration with 1/4 payment |

| | | |
|--|---|--|
| CITY OF MASON TAX OFFICE 6000 Mason-Montgomery Road Mason, OH 45040 | DECLARATION OF ESTIMATED TAX FOR YEAR 2018 | 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 1.12% for Gross Tax | \$ |
| 2. Less Expected Tax Credits: | |
| A. Resident Homeowner Tax Credit (see instructions) (Total Income multiplied by .0012)..... \$_____ | |
| B. Credit on Income Taxed by Another City (Income taxed by another city multiplied by .01 if amount on line A, otherwise .0112 if tax rate ≥ 1.12%)..... \$_____ | |
| C. Tax to be Withheld by Employer for City of Mason..... \$_____ | |
| D. Total Credits (sum of line 2A through line 2C)..... | \$ |
| 3. Net Tax Due (line 1 less line 2D)..... | \$ |
| 4. Quarterly Estimated Payment (line 3 divided by four)..... | \$ |
| 5. AMOUNT ENCLOSED | \$ |

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