ATTACH W-2(s) HERE

NAME AND ADDRESS OF PREPARER

PHONE #

MAY THE MASON TAX OFFICE DISCUSS THIS RETURN WITH THE PREPARER SHOWN?

File With Form IR-EZ
CITY OF MASON
TAX OFFICE
6000 Mason-Montgomery Road
Mason, Ohio 45040

FORM IR-EZ (W-2 INCOME ONLY) 2019 - MASON INCOME TAX RETURN - 2019

FILE ON OR BEFORE APRIL 15, 2020 – FILING REQUIRED EVEN IF NO TAX IS DUE.

LATE FILING AND/OR LATE PAYMENT OF TAX DUE SUBJECTS YOU TO A PENALTY. 90% OF THE TAX MUST BE PAID BY JANUARY 15, 2020

AND ANY REMAINING BALANCE PAID BY APRIL 15, 2020 TO AVOID LATE PAYMENT PENALTY AND INTEREST.

Phone: (513) 229-8535 Fax: (513) 229-8531 www.imaginemason.org Make checks payable to: CITY OF MASON TAX OFFICE

Account Numb	oer				SOCIAL SECU SPOUSE	JRITY # S SS #	
Name					DID YOU FILE	A MASON RETURN LAST YEAR?	
						ULLTIME STUDENT? ☐ YES ☐ NO EW RESIDENT/FIRST YEAR FILER? ☐ YES ☐ NO	
Address						D DURING THE YEAR: ADDRESS	
City/State/Zip					DATE M	OVED TO MASON	
E-mail					DATE M CITY OF RESI	OVED FROM MASON DENCE	
MAY THE MASON	TAX OF	FICE COMMUNICATE WITH YOU	VIA THE ABOVE E-MAIL ADDR	ESS? ☐ YES ☐ NO	□ RES	IDENT	
FILING STATUS			filing joint return (even if only e return. Enter spouse's socia			n return last year? □ Joint □ Separate	
WORKSHEE	TA:	SALARIES, WAGES, TIP	S AND OTHER EMPLO	YEE COMPENSATION		SEE THE STEP-BY-STEP INSTRUCTIONS)	
		COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5 CREDIT FOR OTHER CITY'S TAX WITHHELD	
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	IF HOMEOWNER CREDIT: (COL 4 X 1%) IF NO HOMEOWNER CREDIT: (COL 4 X 1.12%) (ENTER SMALLER OF THIS AMOUNT OR W-2 BOX 19)	
A. R							
C.							
D. E. TOTALS, IF NONE E	NTER 0						
E. TOTALO, IF NONE E	INTENU	LINE 1 BELOW		LINE 7 BELOW		LINE 6 BELOW	
• PLEASE RETUR	RN TO S	STEP-BY-STEP INSTRUCTIONS	S AFTER COMPLETING WOR	KSHEET A • 2019 REFU	ID FROM ANOTHER CITY? PL	EASE PROVIDE DOCUMENTATION.	
INCOME		. Total Wages from Worksheet A, line E, Column 1 (W-2s MUST BE ATTACHED)					
	2. 3.	Part-year Resident Adjustment (ATTACH EXPLANATION FOR CALCULATION) MASON TAXABLE INCOME. (line 1 minus line 2) (MUST ATTACH PAGE 1 OF FEDERAL RETURN AND FEDERAL SCHEDU					
TAX		MASON INCOME TAX. MULTIPL					
TAX WITHHELD,		5. Resident Homeowner Credit (DO YOU QUALIFY? SEE INSTRUCTIONS) Multiply line 3 by 0.12% (.0012)					
PAYMENTS AND CREDITS		Credit for Taxes Withheld to Other Cities (from Worksheet A, line E, Column 5)					
	8.	Prior year overpayments				8 \$	
		Estimated payments					
BALANCE						11 \$	
DUE, REFUND OR CREDIT	12.	Penalty: late filing (\$25 per month or fraction thereof, not to exceed \$150)				12 \$	
		Penalty: late payment (15% of amount not timely paid)					
	15.	TOTAL DUE. (Add lines 11 through 14) (enter 0 if \$10 or less)				15 \$	
		OVERPAYMENT. If line 4 is less than line 10, enter overpayment here, less P&I (lines 12-14) if any					
		AMOUNT FROM LINE 16 TO BE					
DECLARATION	ON OI	F ESTIMATED TAX FOR	2020 – REQUIRED IF E	STIMATED TAX IS \$	200 OR GREATER		
ESTIMATE						19 \$	
FOR NEXT YEAR		a. RESIDENT HOMEOWNER CREDIT (IF YOU QUALIFY) MULTIPLY TOTAL INCOME BY 0.12% (.0012)					
LAN		HOMEOWNER CREDIT; OTHERWISE MULTIPLY BY 1.12% (.0112) IF OTHER CITY TAXING RATE IS ≥ 1.12% b \$					
		c. TAX WITHHELD FOR MASON					
	21.	NET ESTIMATED TAX LIABILITY (SUBTRACT LINE 20 FROM LINE 19)					
		NOTE: 90% OF YOUR ACTUAL TAX LIABILITY MUST BE PAID BY JANUARY 15, 2021 TO AVOID A PENALTY ENTER PRIOR YEAR CARRYOVER CREDIT FROM LINE 17 ABOVE.					
	23.	SUBTRACT LINE 22 FROM LINE 21 (ESTIMATED TAX FOR 2020)				23 \$	
		FIRST QUARTER ESTIMATED PAYMENT (LINE 23 DIVIDED BY 4)*					
TOTAL DUE			r balance due from line 15 above (enter 0 if \$10 or less)				
		ed here. Subsequent payments are du this return (and accompanying scheo				available at www.imaginemason.org. in are the same as used for federal income tax purposes.	
SIGNATURE OF TAXPAYER (REQUIRED) DATE					PAYMENT METHOD (For E-file only) PAY TOTAL DUE of\$		
SIGNATURE OF SPOUS	SE (REQU	IRED IF JOINT RETURN)	PHONE #		using ACH Debit from your B	ank Account	
SIGNATURE OF PREPARER, IF OTHER THAN TAXPAYER DATE E-MAIL					COMPLETE THE FOLLOWING: (For online payment only) ☐ Checking ☐ Savings		
					BANK BOLITING NUMBER		

☐ YES ☐ NO

BANK ACCOUNT NUMBER