



**FORM IR-EZ (W-2 INCOME ONLY)  
2018 - MASON INCOME TAX RETURN - 2018**

**FILE ON OR BEFORE APRIL 15, 2019 - 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, 2019 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%) (ENTER SMALLER OF THIS AMOUNT OR W-2 BOX 19)
A.					
B.					
C.					
D.					
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 • 2018 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 (ATTACH EXPLANATION FOR CALCULATION) .....	2 \$
	3. MASON TAXABLE INCOME. (line 1 minus line 2) (MUST ATTACH PAGES 1 & 2 OF FEDERAL RETURN AND FEDERAL SCHEDULE 1) .....	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 (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 \$
<b>BALANCE DUE, REFUND OR CREDIT</b>	11. TAX DUE. If line 4 is more than line 10, enter tax due here (line 4 minus line 10).....	11 \$
	12. Penalty: late filing (\$25 per month or fraction thereof, not to exceed \$150).....	12 \$
	13. Penalty: late payment (15% of amount not timely paid) .....	13 \$
	14. Interest. See General Information (N) .....	14 \$
	15. TOTAL DUE. (Add lines 11 through 14) (enter 0 if \$10 or less) .....	15 \$
	16. OVERPAYMENT. If line 4 is less than line 10, enter overpayment here, less P&I (lines 12-14) if any.....	16 \$
	17. AMOUNT FROM LINE 16 TO BE CREDITED TO NEXT YEAR (Enter 0 if \$10 or less) .....	17 \$
	18. AMOUNT FROM LINE 16 TO BE REFUNDED (Enter 0 if \$10 or less) .....	18 \$

**DECLARATION OF ESTIMATED TAX FOR 2019 - REQUIRED IF ESTIMATED TAX IS \$200 OR GREATER**

<b>ESTIMATE FOR NEXT YEAR</b>	19. TOTAL INCOME SUBJECT TO TAX \$ _____ MULTIPLY BY TAX RATE OF 1.12% (.0112) .....	19 \$
	20. 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 20a THROUGH 20c) .....	20 \$
	21. NET ESTIMATED TAX LIABILITY (SUBTRACT LINE 20 FROM LINE 19) <b>NOTE: 90% OF YOUR ACTUAL TAX LIABILITY MUST BE PAID BY JANUARY 15, 2020 TO AVOID A PENALTY</b> .....	21 \$
	22. ENTER PRIOR YEAR CARRYOVER CREDIT FROM LINE 17 ABOVE .....	22 \$
	23. SUBTRACT LINE 22 FROM LINE 21 (ESTIMATED TAX FOR 2019).....	23 \$
	24. FIRST QUARTER ESTIMATED PAYMENT (LINE 23 DIVIDED BY 4)* .....	24 \$
<b>TOTAL DUE</b>	25. Enter balance due from line 15 above (enter 0 if \$10 or less) .....	25 \$
	26. TOTAL TAX DUE. ADD LINES 24 & 25. PLEASE MAKE CHECKS PAYABLE TO CITY OF MASON TAX OFFICE .....	26 \$

\*First Quarter Estimate included here. Subsequent payments are due by the 15th of June, September and January. 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