

File With
**CITY OF MASON
TAX OFFICE**
6000 Mason-Montgomery Road
Mason, Ohio 45040



2009 - MASON INCOME TAX RETURN - 2009

FILE ON OR BEFORE APRIL 15, 2010 – 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, 2010 TO AVOID PENALTY AND INTEREST

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

TAXPAYER'S NAME AND ADDRESS _____
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 return last year? Joint Separate
 Married filing separate return. Enter spouse's social security number above and full name here. ► _____

INCOME

PLEASE REFER TO LINE-BY-LINE INSTRUCTIONS BEFORE PROCEEDING

1. Total Wages from Page 2, Worksheet A, Line E, Column 1 (**W-2s MUST BE ATTACHED**)..... 1 \$ _____
2. Total 2106 Expenses from Page 2, Worksheet A, Line E, Column 2 (**MUST ATTACH FEDERAL FORM 2106**) 2 \$ _____
3. Part-year Resident Adjustment (**ATTACH JUSTIFICATION**)..... 3 \$ _____
4. TAXABLE WAGES. SUBTRACT LINE 2 AND LINE 3 FROM LINE 1 (**ATTACH PAGE 1 OF FEDERAL RETURN**) 4 \$ _____
5. Total other income from Page 2, Worksheet B, Line 6 (**IF LOSS, ENTER 0 AND ATTACH FEDERAL SCHEDULES**) 5 \$ _____
6. MASON TAXABLE INCOME. (ADD LINES 4 AND 5) 6 \$ _____

TAX

7. MASON INCOME TAX. MULTIPLY LINE 6 BY 1.0% (.01) 7 \$ _____

TAX WITHHELD, PAYMENTS AND CREDITS

8. Total Mason income tax withheld from Page 2, Worksheet A, Line E, Column 4 8 \$ _____
9. a. Credit for Taxes Withheld to Other Cities (from pg.2, Worksheet A, Line E, Column 6) 9a \$ _____
b. Credit for Taxes Paid to Other Cities from Page 2, Worksheet C, Line C 9b \$ _____
c. Enter on Line 9 total of 9a plus 9b. (Not to Exceed 0.009 Times the Portion of Income Taxable to Another Municipality)..... 9 \$ _____
10. Prior year overpayments 10 \$ _____
11. Estimated payments 11 \$ _____
12. TOTAL PAYMENTS AND CREDITS. ADD LINES 8 THROUGH 11 12 \$ _____

BALANCE DUE, REFUND OR CREDIT

13. **TAX DUE.** If line 7 is more than 12, enter tax due here (See Line-By-Line Instructions) 13 \$ _____
14. Penalty: late filing or payment penalty, see General Information (N) 14 \$ _____
15. Interest. See General Information (O) 15 \$ _____
16. **TOTAL DUE.** (Add lines 13 through 15) (enter 0 if less than \$1)..... 16 \$ _____
17. OVERPAYMENT. If line 7 is less than line 12, enter result less P&I if any 17 \$ _____
18. AMOUNT FROM LINE 17 TO BE CREDITED TO NEXT YEAR 18 \$ _____
19. AMOUNT FROM LINE 17 TO BE REFUNDED (No refund if less than \$1) 19 \$ _____

ATTACH W-2'S HERE

DECLARATION OF ESTIMATED TAX FOR 2010

ESTIMATE FOR NEXT YEAR

20. TOTAL INCOME SUBJECT TO TAX \$ _____ MULTIPLY BY TAX RATE OF 1.0% (.01) 20 \$ _____
21. TAX WITHHELD
a. FOR THE CITY OF MASON \$ _____
b. TOTAL INCOME TAXED BY ANOTHER CITY \$ _____ MULTIPLY BY 0.01 \$ _____
TOTAL CREDIT FOR TAX WITHHELD (LINE 21a PLUS LINE 21b) 21 \$ _____
22. NET ESTIMATED TAX LIABILITY (subtract line 21 from line 20) NOTE: **90% of YOUR ACTUAL TAX LIABILITY must be paid by January 31, 2011, to avoid a penalty.** 22 \$ _____
23. ENTER PRIOR YEAR CARRYOVER CREDIT FROM LINE 18 ABOVE. 23 \$ _____
24. SUBTRACT LINE 23 FROM LINE 22 (ESTIMATED TAX FOR 2010) 24 \$ _____
25. FIRST QUARTER ESTIMATED PAYMENT (LINE 24 DIVIDED BY 4)* 25 \$ _____

TOTAL DUE

26. Enter balance due from line 16 above (enter 0 if less than \$1.00) 26 \$ _____
27. **TOTAL TAX DUE. ADD LINES 25 & 26. PLEASE MAKE CHECKS PAYABLE TO CITY OF MASON TAX OFFICE ..** 27 \$ _____

*First Quarter Estimate included here. The 2nd, 3rd and 4th Quarter Courtesy Coupons are included in the packet.
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 _____ E-MAIL _____
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
MAY THE MASON TAX OFFICE COMMUNICATE WITH YOU VIA THE ABOVE E-MAIL ADDRESS? 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: _____

WORKSHEET A SALARIES, WAGES, TIPS AND OTHER EMPLOYEE COMPENSATION PER W-2(S) (PLEASE SEE THE LINE-BY-LINE INSTRUCTIONS)

	COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6
NAME OF EMPLOYER	MEDICARE WAGES W-2 (BOX 5) IF BOX 5 BLANK, USE BOX 18	2106 EXPENSES, IF ANY (SEE GENERAL INFORMATION (I))	CITY WHERE EMPLOYED W-2 (BOX 20)	MASON TAX WITHHELD W-2 (BOX 19)	LOCAL WAGES (OTHER THAN MASON) W-2 (BOX 18) CANNOT EXCEED BOX 5	CREDIT FOR TAXES WITHHELD OTR CITIES (COLUMN 5 LESS COLUMN 2 X .009)
A.						
B.						
C.						
D.						
E. TOTALS, IF NONE ENTER 0						
	PAGE 1, LINE 1	PAGE 1, LINE 2		PAGE 1, LINE 8		PAGE 1, LINE 9A

- PLEASE RETURN TO LINE-BY-LINE INSTRUCTIONS AFTER COMPLETING WORKSHEET A
- 2009 REFUND FROM ANOTHER CITY? PLEASE PROVIDE DOCUMENTATION.

WORKSHEET B - OTHER TAXABLE INCOME (SEE GENERAL INFORMATION L AND LINE-BY-LINE INSTRUCTIONS)

- NET PROFIT/LOSS FROM BUSINESS (SCHEDULE C) AND FARMING (SCHEDULE F)**
 - Total Business Income or (Loss) per Form 1040, Line 12 (Attach all Federal Schedule C's) a. _____
 - Total Farm Income or (Loss) per Form 1040, Line 18 (Attach all Federal Schedule F's) b. _____
 - Total (Add a plus b) c. _____
 - Percentage Taxable to Mason (Full Year Residents Enter 100%)..... d. _____ %
 - Amount Subject To Tax (Multiply c times d) **Total (B-1)** e. _____
- SUPPLEMENTAL INCOME AND LOSS (Attach all Schedule E's)**
 - Net Rental Income or (Loss) a. _____
 - Net Income (Loss) from Partnerships, S-Corporations, Estates and Trusts, Other b. _____
 - Total Schedule E Income (Loss) (Add a and b) (Should Agree with Line 17 Form 1040) (Attach all Federal Schedule E's) .. c. _____
 - Percentage Taxable to Mason (Full Year Residents Enter 100%)..... d. _____ %
 - Amount Subject To Tax (Multiply c times d) **Total (B-2)** e. _____
- TOTAL OTHER INCOME NOT INCLUDED ABOVE (Attach all Applicable Schedules)**
 - Total 1099-Misc Income Not Included in Federal Schedule C a. _____
 - Other (Explain) b. _____
 - Amount Subject To Tax (Add a plus b) **Total (B-3)** c. _____
- TAXABLE INCOME BEFORE PRIOR YEAR LOSSES (TOTAL B-1+TOTAL B-2+TOTAL B-3) Sub-Total (B-4) _____**
- PRIOR YEAR LOSSES CARRIED FORWARD AND USED IN CURRENT YEAR**
 - YEARS 2004 (_____) + 2005 (_____) + 2006 (_____) + 2007 (_____) + 2008 (_____) = **Total (B-5)** a. _____
- TAXABLE INCOME AFTER PRIOR YEAR LOSSES (subtract B-5 from B-4) Total (B-6) _____**

(Note: Enter "0" if Total B-5 is Greater than Total B-4. The loss will be entered in the system and is available for up to 5 years to offset similar income.)

- PLEASE RETURN TO LINE-BY-LINE INSTRUCTIONS AFTER COMPLETING WORKSHEET B

WORKSHEET C - CALCULATION OF CREDIT FOR TAXES PAID TO OTHER CITIES ON NON W-2 INCOME

	COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4
	NAME OF CITY	TAXABLE INCOME (ATTACH LOCAL RETURN)	LOCAL TAXES PAID TO ANOTHER CITY AS SHOWN ON RETURN	CREDIT FOR TAXES PAID TO ANOTHER CITY (COLUMN 2 X .009)
A.				
B.				
SUBTOTAL				
C. MULTIPLY THE SUBTOTAL IN COLUMN 4 BY THE PERCENTAGE ON WORKSHEET B, LINE 1d			TOTAL (C)	

- PLEASE RETURN TO LINE-BY-LINE INSTRUCTIONS AFTER COMPLETING WORKSHEET C

PAGE 1, LINE 9B