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Form IR

FILE WITH
N.C.H. INCOME TAX DEPT.
1500 W. GALBRAITH RD.
CINCINNATI, OHIO 45231
DUE ON
OR BEFORE **APRIL 15, ____**

Please Enter Tax Year ➤

INCOME TAX RETURN

FILING REQUIRED EVEN IF NO TAX DUE

www.northcollegehill.org

north college hill, ohio

TAX OFFICE PHONE 513-931-1159
FAX 513-521-1596

MAKE CHECK OR MONEY ORDER
PAYABLE TO:
NORTH COLLEGE HILL
INCOME TAX

ACCOUNT NUMBER

TAXPAYER'S NAME AND ADDRESS

TAXPAYER
SOCIAL SECURITY NUMBER _____

EMPLOYER _____

TELEPHONE: Business _____

SPOUSE
SOCIAL SECURITY NUMBER _____

EMPLOYER _____

TELEPHONE: Home _____ Work _____

IF YOU ARE A NEW RESIDENT, FILING THE FIRST TIME OR YOU MOVED SINCE FILING YOUR TAX RETURN. PLEASE FURNISH YOUR CURRENT MAILING ADDRESS AND DATE OF MOVE:
MOVED INTO NCH: MOVED OUT OF NCH:

PLEASE READ FILING INSTRUCTIONS BEFORE COMPLETING THIS FORM

NOTE: Page 2 must be completed if you have rental property or business income.

ATTACH W-2's HERE

1. QUALIFYING WAGES AND COMPENSATION (MEDICARE BOX OR LOCAL WAGE BOX) ..... $ _____
(ATTACH ALL W-2's)
2. OTHER TAXABLE INCOME (ATTACH DOCUMENTATION - SEE INSTRUCTIONS) ..... $ _____
3. TAXABLE INCOME: LINE 1, PLUS LINE 2 ..... $ _____
4. MUNICIPAL TAX 1.5% OF LINE 3 ..... $ _____
5. CREDITS
   A. TAX WITHHELD BY EMPLOYER FOR CITY OF NORTH COLLEGE HILL ..... $ _____
   B. ____ ESTIMATED TAX PAID CITY OF NORTH COLLEGE HILL AND PRIOR YEAR OVERPAYMENTS ... $ _____

   NOTE: EFFECTIVE 01/01/2006 NO CREDIT IS ALLOWED FOR OTHER LOCAL TAX PAID.

   C. TOTAL CREDITS ..... $ (– _____)
6. IF LINE 4 GREATER THAN LINE 5C PAYMENT OF BALANCE MUST ACCOMPANY THIS RETURN TAX DUE ..... $ _____
   A. LATE FILING PENALTY $25.00
7. OVERPAYMENT TO BE REFUNDED $ _____ OR CREDITED $ _____ TO NEXT YEAR ESTIMATE
   NO ADDITIONAL TAXES OR REFUNDS OF LESS THAN TWO DOLLARS ($2.00) SHALL BE COLLECTED OR REFUNDED.

NOTICE: By law, all refunds and credits, in excess of $10.00 are being reported to IRS.

DECLARATION OF ESTIMATED TAX FOR THE YEAR _____

8. TOTAL INCOME SUBJECT TO TAX $ _____ INCOME X **1½%** $ _____
9. LESS EXPECTED TAX CREDITS **(TAX WITHHELD FOR NCH FROM EMPLOYER)** $ (– _____)

   NOTE: EFFECTIVE 01/01/2006 NO CREDIT IS ALLOWED FOR OTHER LOCAL TAX PAID.

10. NET TAX DUE (LINE 8 MINUS LINE 9) $ _____
11. QUARTERLY PAYMENT (LINE 10 DIVIDED BY 4) $ _____
12. **OVERPAYMENT CREDIT FROM _____ (LINE 7)** $ _____
13. 1ST QUARTER AMOUNT DUE (LINE 11 MINUS LINE 12) (SEE INSTRUCTIONS ON BACK OF THIS FORM) $ _____
14. AMOUNT ENCLOSED (LINE 6) $ _____ + (LINE 13) $ _____ **= TOTAL AMOUNT DUE $** _____

I CERTIFY THAT I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) 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 Person Preparing, if Other than Taxpayer _____ Date _____

Signature of Taxpayer or Agent (Required) _____ Date _____

Address _____ and Telephone Number _____

Signature of Spouse (if joint return) _____ Date _____

YOU ARE REQUIRED TO ATTACH APPROPRIATE FEDERAL SCHEDULES

NEED BE COMPLETED ONLY BY THOSE WHO HAVE TAXABLE INCOME OTHER THAN WAGES OR WHO CLAIM EXPENSES AS A DEDUCTION FROM SUCH WAGES.

15. PROFIT FROM ANY BUSINESS OWNED (ATTACH FEDERAL SCHEDULE C) . . . . . $ _____

16. RENTAL INCOME (ATTACH FEDERAL SCHEDULE E) (RENTALS ARE DEEMED A "BUSINESS") . . . . . $ _____

17. OTHER INCOME (ATTACH APPROPRIATE FEDERAL SCHEDULE) . . . . . $ _____

18. TOTAL OTHER INCOME (LINES 15 THRU 17) (A business loss may not be used to offset salary or wage earnings). . . . . $ _____

    A. NET LOSS PER PREVIOUS CITY INCOME TAX RETURNS (ATTACH SCHEDULE) . . . . . $ (— _____)
    (Operating losses may be carried forward for a maximum period of three (3) years)

    B. TOTAL OTHER INCOME . . . . . $ _____

19. CREDITS

    A. DEDUCTIBLE EXPENSES: (ATTACH IRS FORM - SCHEDULE 2106 - OR OTHER STATEMENT) . . . . . $ _____

    B. NON-TAXABLE INCOME: (EXPLAIN - SEE INSTRUCTIONS BELOW) _____

    _____ $ _____

    C. TOTAL DEDUCTIONS . . . . . $ _____

20. NET OTHER TAXABLE INCOME OR DEDUCTIONS (INSERT IN LINE 2 PAGE 1) . . . . . $ _____

INSTRUCTIONS. Lines 1 through 20.

NOTE: BE SURE NAME AND ADDRESS ARE CORRECT. PLEASE LIST EMPLOYER(S) AND PHONE NUMBERS AS INDICATED. IF YOU ARE A PART-YEAR RESIDENT, BE SURE TO INDICATE YOUR MOVE-IN OR MOVE-OUT DATE (MM/DD/YY). YOU MUST FILE THIS RETURN IF YOU RESIDED IN NCH FOR ANY PART OF THE TAX YEAR. INTEREST, DIVIDEND, RETIREMENT INCOME (SOCIAL SECURITY, PENSIONS), ACTIVE DUTY MILITARY PAY, AND UNEMPLOYMENT COMPENSATION ARE NOT TAXABLE TO NORTH COLLEGE HILL.

1. Enter the total of all qualifying wages (usually reported in Medicare Box). DEFERRED COMPENSATION IS TAXABLE TO MUNICIPALITIES. Attach a copy of each W-2 to the return. Income should be pro-rated if you resided in NCH for less than a full year (please attach explanation). Only income earned while living in NCH is taxable to NCH.

2. All income reported must be documented by appropriate Federal Schedules (C, E, etc) or other documentation. Business losses may not be used to offset W-2 wages.

5. A. List tax withheld by your employer for **NCH**.

   B. Estimated tax paid to **NCH.** This includes prior year overpayment.
   EFFECTIVE 1/01/2006 NO CREDITS ALLOWED FOR TAXES PAID TO OTHER MUNICIPALITIES.

   C. Total of lines 5A through 5B

6. Subtract line 5C from line 4. Balance due must be paid in full by the due date of the return. **MINIMUM LATE PAYMENT PENALTY IS $25.00.** No additional taxes or refunds of less than two dollars ($2.00) shall be collected or refunded.

7. Credit will be carried forward unless a refund is requested.

8. **ESTIMATE INCOME FOR THIS YEAR. IF YOUR EMPLOYER DOES NOT WITHHOLD NCH TAX FROM YOUR PAYCHECK, YOU ARE REQUIRED BY THE NCH TAX ORDINANCE TO FILE A DECLARATION OF ESTIMATED TAX AND MAKE QUARTERLY ESTIMATED TAX PAYMENTS. ESTIMATED TAX PENALTIES WILL BE CHARGED FOR FAILING TO MAKE THE REQUIRED QUARTERLY PAYMENTS.**

9. North College Hill tax withheld by your employer.
   NOTE: EFFECTIVE 01/01/2006 NO CREDIT IS ALLOWED FOR OTHER LOCAL TAX PAID.

12. Credit carried from prior year may be subtracted from first quarter.

13. If the amount on line 13 is Zero or a negative amount, no payment is due at this time.

14. **BALANCE DUE FROM LINE 6 & LINE 13 MUST BE PAID WITH THIS RETURN.**

15., 16., 17. Attach copies of applicable Federal Schedules.

18. **BUSINESS LOSSES MAY NOT BE USED TO OFFSET WAGES. OPERATING LOSSES MAY BE CARRIED FORWARD FOR A MAXIMUM PERIOD OF THREE (3) YEARS.**

19. Deductions will be allowed only when a W-2 is attached and all expenses are substantiated by proper schedules. If wages are pro-rated, Form 2106 expenses must also be pro-rated.

EXTENSION POLICY: Requests must be filed with the NCH Tax Office prior to the due date of the return.

NOTE: UNLESS ACCOMPANIED BY ALL REQUIRED SUBSTANTIATING DOCUMENTS, PAYMENT OF THE BALANCE OF TAX DUE (LINE 6) AND, IF REQUIRED AT LEAST 1/4 OF THE ESTIMATED TAX (LINE 11), THIS FORM IS NOT A LEGAL FINAL RETURN OR DECLARATION.

FILING IS REQUIRED EVEN IF NO TAX IS DUE!

DECLARATION AND RETURN PAYMENT CALENDAR

APRIL 15,	JULY 31,	OCT. 31,	JAN. 31,	APRIL 15,
File Declaration with 1/4th payment	Make 2nd quarterly payment	Make 3rd quarterly payment	Make 4th quarterly payment	File return. Pay quarterly payment