

2017 – VILLAGE OF LINCOLN HEIGHTS INDIVIDUAL INCOME TAX RETURN – 2017

Village of Lincoln Heights
Income Tax Department
1201 Steffen Avenue
Lincoln Heights, Ohio 45215
513.733.5900 x 5
www.vlho.org

FILING REQUIRED EVEN IF NO TAX DUE.
LATE FILING OF THIS RETURN SUBJECTS YOU TO INTEREST
AND A MINIMUM PENALTY OF \$25.00

**INCLUDE A COPY OF YOUR
FEDERAL 1040 FORM,
PAGE 1**

**DUE ON OR BEFORE
APRIL 17, 2018**

FORM IR-1040

TAXPAYER INFORMATION:

Name _____
Address _____
City, State Zip _____
Email: _____
Acct. # _____

Taxpayer SSN: _____
Spouse SSN: _____
Phone: _____
IF YOU MOVED DURING THE YEAR, YOU MUST COMPLETE THE LINES BELOW
Date moved: _____ into Lincoln Heights out of Lincoln Heights
Phone: _____

I AM NOT REQUIRED TO COMPLETE LINES 1-14 OF THIS TAX RETURN BECAUSE:

- | | |
|---|---|
| <input type="checkbox"/> ACTIVE DUTY MILITARY UNTIL DATE: _____ | <input type="checkbox"/> ONLY INCOME IS FROM NON-TAXABLE SOURCE, LIST SOURCE: _____ |
| <input type="checkbox"/> RETIRED PRIOR TO 2017 | <input type="checkbox"/> MOVED FROM LINCOLN HEIGHTS PRIOR TO 01/01/17, LIST DATE: _____ |
| <input type="checkbox"/> UNDER 18 YEARS OF AGE, DOB: _____ | <input type="checkbox"/> TAXPAYER DECEASED, LIST DATE OF DEATH: _____ |
| | <input type="checkbox"/> NO EMPLOYMENT, EXPLAIN: _____ |

- | | |
|--|-----------|
| 1. TOTAL QUALIFYING WAGES (USUALLY BOX 5) (ATTACH ALL W-2'S & 1099'S) | 1. _____ |
| 2. A. INCOME OTHER THAN WAGES FROM WORKSHEETS A & B ON REVERSE
(ATTACH FEDERAL 1040 FORM, PAGE 1 & SCHEDULES) | 2A. _____ |
| B. ADJUSTMENT TO INCOME (ATTACH 2106 & FED SCHEDULE A) | 2B. _____ |
| 3. TOTAL INCOME (ADD LINES 1 & 2A. SUBTRACT LINE 2B) | 3. _____ |
| 4. TAX – LINE 3 MULTIPLIED BY 2.0% | 4. _____ |
| 5. A. LINCOLN HEIGHTS LOCAL TAX WITHHELD | 5A. _____ |
| B. 2017 ESTIMATED PAYMENTS | 5B. _____ |
| C. PRIOR YEAR OVERPAYMENTS | 5C. _____ |
| D. CREDIT FOR OTHER CITY TAX WITHHELD PER CITY PER W-2
(SEE WORKSHEET A ON REVERSE SIDE) RESIDENTS ONLY | 5D. _____ |
| E. SENIOR CITIZEN CREDIT
(\$50.00 OR LESS, NOT TO EXCEED TAXES DUE) RESIDENTS ONLY | 5E. _____ |
| F. TOTAL TAX CREDITS (ADD LINES A, B, C, D, E) | 5F. _____ |
| 6. IF LINE 4 IS GREATER THAN LINE 5F, ENTER BALANCE DUE (NOT DUE IF LESS THAN \$10.01) | 6. _____ |
| 7. IF LINE 5F IS GREATER THAN LINE 4, ENTER OVERPAYMENT (NOT REFUNDED IF LESS THAN \$10.01) | 7. _____ |
| 8. LATE FILING PENALTY: _____ LATE PAYMENT PENALTY: _____ INTEREST: _____ | 8. _____ |
| 9. BALANCE DUE (ADD LINES 6 & 8) | 9. _____ |

OFFICE USE ONLY

DECLARATION OF ESTIMATED TAX FOR YEAR 2018

IF YOU OWE MORE THAN \$200 IN TAX THAT IS NOT WITHHELD, YOU MUST FILE & PAY ESTIMATED TAX.

- | | |
|--|------------|
| 10. TOTAL ESTIMATED TAX FOR 2018 (2.0% X TOTAL INCOME) | 10. _____ |
| 11. LESS CREDITS | |
| A. TAX PAID TO OTHER CITIES (NOT TO EXCEED 1% PER W-2) | 11A. _____ |
| B. OVERPAYMENT FROM PRIOR YEAR(S) | 11B. _____ |
| C. TOTAL CREDITS | 11C. _____ |
| 12. NEXT TAX DUE (LINE 10 MINUS LINE 11C) | 12. _____ |
| 13. AMOUNT PAID WITH THIS DECLARATION (NOT LESS THAN 1/4 OF LINE 12) | 13. _____ |
| 14. AMOUNT ENCLOSED 2017 _____ (LINE 6) 2018 _____ (LINE 13) TOTAL _____ | |

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 THE TAXPAYER, THE DECLARATION IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE.)

CHECK THIS BOX IF WE MAY DISCUSS THIS RETURN WITH YOUR PREPARER.

SIGNATURE OF PERSON PREPARING THE RETURN IF OTHER THAN THE TAXPAYER _____ DATE _____

SIGNATURE OF TAXPAYER (REQUIRED) _____ DATE _____

ADDRESS OF PERSON PREPARING THE RETURN IF OTHER THAN THE TAXPAYER _____ PHONE _____

SIGNATURE OF TAXPAYER (REQUIRED) _____ DATE _____

ATTACH W-2'S HERE

WORKSHEET A – QUALIFYING WAGES (generally include Box 5 (Medicare) wages. See line by line instructions for details Attach all Forms W-2.

COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6
EMPLOYER	CITY WHERE EMPLOYED	INCOME FROM EACH LOCAL W-2	2106 EXPENSES, IF ANY	LINCOLN HEIGHTS TAX WITHHELD	OTHER CITY TAX WITHHELD (NOT TO EXCEED 1%)
1.					
2.					
3.					
4.					
TOTALS					

WORKSHEET B – OTHER INCOME (Schedules C, E, F, K-1, 1099-MISC, W-2G, etc. To avoid a delay in processing, attach supporting documents.)

1. SCHEDULE C – Profit or Loss from Business <i>Attach Form 1040, Schedule C</i>		
(a) Net Profit/(Loss) From Federal Schedule C		1a.
(b) % Allocable to Lincoln Heights – Residents; use 100%		1b. %
(c) Lincoln Heights Profit/(Loss) (Line 1a multiplied by 1b)	1c.	
2. SCHEDULE E – Profit or Loss from Rents/Royalties <i>Attach Form 1040, Schedule E</i>	2.	
3. SCHEDULE E – Profit or Loss from Partnerships <i>Attach Form 1040, Schedule E and Forms K-1</i>	3.	
4. SCHEDULE F – Profit or Loss from Farming <i>Attach Form 1040, Schedule F</i>	4.	
5. 1099-MISC – Miscellaneous Income <i>Attach Form(s) 1099-MISC and Form 1040 Page 1</i>	5.	
6. W-2G – Gambling Winnings <i>Attach Form(s) W-2G</i>	6.	
7. OTHER – List separately and provide detail	7.	
8. SUBTOTAL (Add Lines (1c) through (7))		8.
9. LESS: LOSS CARRYFORWARD 2014 () + 2015 () + 2016 () =		9. ()
10. TOTAL (Line 8 minus Line 9) ENTER ON PAGE 1, LINE 2A		10.

WORKSHEET C – CLAIM FOR REFUND (Note: your return is not considered complete unless all required documentation is attached.)

REFUND OF TAX WITHHELD FOR PERSONS UNDER AGE 18 <i>Attach a copy of your birth certificate or Ohio ID</i>		
1. Enter your total wages for the year.	1.	
2. Enter wages earned while under age 18.	2.	
3. Subtract Line 2 from Line 1. ENTER ON PAGE 1, LINE 1		3.
REFUND OF TAX WITHHELD IN EXCESS OF LIABILITY		
4. If Lincoln Heights tax was improperly withheld from your wages, enter your total wages from that employer	4.	
5. Enter wages upon which tax was improperly withheld. <i>Attach paystub and explanation</i>	5.	
6. Line 4 minus Line 5. ENTER ON PAGE 1, LINE 1		6.
REFUND OF TAX WITHHELD FOR DAYS WORKED OUTSIDE OF LINCOLN HEIGHTS – NONRESIDENTS ONLY		
7. Total Days Available (365 days minus weekends or days not worked)	7.	
8. Less: (a) Holiday Days <i>Attach listing including specific dates</i>	8a.	
(b) Vacation Days <i>Attach listing including specific dates</i>	8b.	
(c) Sick Days <i>Attach listing including specific dates</i>	8c.	
9. Total Available Working Days (Line 7 less Lines 8a, 8b, 8c)	9.	
10. Less: Days Worked Out of Town <i>Attach listing including specific dates and locations worked</i>	10.	
11. Days Worked in the Village of Lincoln Heights (Line 9 minus Line 10)	11.	
12. Qualifying Wages (Generally Box 5 of Form W-2)	12.	
13. % of Income Taxable to Lincoln Heights (Line 11 divided by Line 9)	13.	%
14. Lincoln Heights Taxable Wages (Line 12 multiplied by Line 13) ENTER ON PAGE 1, LINE 1		14.

2018 DECLARATION & RETURN PAYMENT CALENDAR

APRIL 16, 2018	JUNE 15, 2018	SEPTEMBER 17, 2018	JANUARY 15, 2019	APRIL 15, 2019
File Declaration & Remit 1 st Quarter Payment	Remit 2 nd Quarterly Payment	Remit 3 rd Quarterly Payment	Remit 4 th Quarterly Payment	File Return & Remit 1 st Quarterly Payment