

# 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 16, 2018**

FORM IR-1040

## TAXPAYER INFORMATION:

Name _____	Taxpayer SSN: _____
Address _____	Spouse SSN: _____
City, State Zip _____	Phone: _____
Email: _____	<b>IF YOU MOVED DURING THE YEAR, YOU MUST COMPLETE THE LINES BELOW</b>
Acct. # _____	Date moved: _____ <input type="checkbox"/> into Lincoln Heights <input type="checkbox"/> 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 2016	<input type="checkbox"/> MOVED FROM LINCOLN HEIGHTS PRIOR TO 01/01/16, 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. _____	OFFICE USE ONLY
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. _____	

## 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. _____	OFFICE USE ONLY
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 _____		

ATTACH W-2'S HERE

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 _____