

Hillsboro Income Tax Office

130 North High Street

Hillsboro, OH 45133

(937) 393-3848

tax@hillsboroohio.net

2024 INDIVIDUAL INCOME TAX RETURN

ACCOUNT NUMBER

YOUR SOCIAL SECURITY NUMBER

SPOUSE'S SOCIAL SECURITY NUMBER

<input type="checkbox"/> RESIDENT	DATE MOVED IN _____
<input type="checkbox"/> NON RESIDENT	DATE MOVED OUT _____
<input type="checkbox"/> SOLE PROPRIETOR	FORMER ADDRESS: _____
CITY OF RESIDENCE _____	
PHONE #: _____	
E-MAIL: _____	
IF RENTING A RESIDENCE, NAME AND ADDRESS OF OWNER: _____	

- ☐ Single
- ☐ Married Filing Joint Return (even if only one had income) Did you file Joint or Separate last year? ☐ Joint ☐ Separate
- ☐ Married Filing Separate Return. Enter Spouse's social security number and full name here: _____

1. TOTAL W-2 INCOME	1.	
2. INCOME OTHER THAN WAGES from worksheets. (Attach Federal Schedules, forms, documentation.)	2.	
3. TOTAL INCOME (Add box 1 Plus box 2)	3.	
4. TAX LIABILITY Multiply box 3 by 1.50%	4.	
5. CREDITS		
A. City of Hillsboro tax withheld	5A.	
B. Credit for other city tax withheld	5B.	
C. 2024 Estimated tax payments	5C.	
D. Prior year credit carried forward	5D.	
E. Total of credits. Add 5A through 5D and enter here.	5E.	
6. If box 4 is greater than box 5E, enter your BALANCE DUE here (\$10.00 or more)	6.	
7. If box 5E is greater than box 4, enter your OVERPAYMENT here (\$10.00 or more)	7.	
Amount to be REFUNDED \$ _____ or CREDITED TO 2025 \$ _____		
8. PENALTY: _____ INTEREST: _____ LATE FILING FEE: _____	8.	
9. BALANCE DUE FOR 2024 Add box 6 and box 8 (Tax + Penalty +Interest + Late Filing Fee)	9.	

2025 DECLARATION OF ESTIMATED TAX DUE - Complete this section if 2024 tax due exceeds \$200

10. Total estimated for tax year 2025 (gross taxable income multiplied by 1.50%)	10.	
11. Less credits (including tax anticipated to be withheld from employers)	11.	
12. Net tax owed for tax year 2025 estimated tax	12.	
13. Amount paid with this declaration for FIRST QUARTER ESTIMATED TAX for 2025 must be at least 25% of line 12)	13.	
14. TOTAL DUE. ADD BOXES 9 and 13 FOR TOTAL BALANCE DUE.	14.	

I certify that I have examined this return including accompanying Federal 1040 page one, W-2's, schedules and statements, and to the best of my knowledge and belief, it is true and accurate, and correct. If my return was prepared by a tax practitioner, I have indicated whether or not you may contact my preparer directly concerning the preparation of this return. ☐ YES ☐ NO (Note: Preparer must completely fill out section below regarding "Preparer.")

_____ Your signature	_____ Occupation	_____ Date
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_____ Spouse signature (if filing joint return)	_____ Occupation	_____ Date
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Signature and address of preparer (if not prepared by taxpayer): _____

PHONE NUMBER OF PREPARER: _____ E-MAIL: _____ Date: _____

B

1. REQUIRED ATTACHMENTS: ALL W-2'S, FRONT PAGE OF FORM 1040, ALL REFERENCED SCHEDULES

Employer's Name	Locality Name Box 20	Resident Tax Withheld	Other City Tax W/H	Medicare Wages Box 5 of W-2
TOTAL				

WORKSHEET 1 - INCOME OTHER THAN WAGES

Use this worksheet ONLY to report any income that is not reported on a W-2. If you do not see your income listed here, use the "Miscellaneous" entry. If you are unsure if the income is taxable, call the tax department for clarification.

Schedule C line 31 or allocation from Worksheet 3.....

Schedule E line 21.....

Schedule F.....

Schedule K1.....

Form 4835 line 32.....

Form 1099 (Do not report refunds, dividends, interest or retirement distributions).....

Miscellaneous.....

TOTAL Carry to line 2, page 1.....

WORKSHEET 2 - SCHEDULE C

Small business ventures reported on Schedule C to the IRS are taxable to the city. This worksheet will assist in making the determination of where your small business is taxable. This worksheet will assist in making the determination of where your business is taxable. This worksheet can be used if you did not claim business use of your home and if you do not have any other property expenses such as rent and utilities. If you do have property related expenses or if you have employees, go to our website and download Schedule Y.

Product or service provided: _____ Date began: _____

Is all of your work performed at your home site? _____ If yes, record your net income or loss on worksheet 1 and proceed on. If your answer is no, continue with this worksheet.

Work must be performed inside the city limits of a city before you are taxable to that city. Organize your work and determine how much you were paid for jobs inside different cities and list them here.

City	Amount received before expenses	Total gross receipts from Schedule C	%	Net Profit or Loss from Schedule C	Taxable
	÷	=	x	=	
	÷	=	x	=	
	÷	=	x	=	

RESIDENTS: Record 100% of line 31 of Schedule C on Worksheet 1. Attach Worksheet 1, Schedule C, and copies of the city returns for tax credit. List this tax credit on line 1, box 4.

NONRESIDENTS: Use the amount shown to be taxable to the city for which you are filing and list on Worksheet 1. Do not take credit for taxes paid to other cities.

