

Form IR File With
HILLSBORO INCOME TAX
 130 North High Street
 Hillsboro, Ohio 45133
 Phone (937) 393-3848
 Fax (937) 393-0590

20 17 HILLSBORO INCOME TAX RETURN
FILING REQUIRED EVEN IF NO TAX DUE ON OR BEFORE APRIL 15
IF THE DUE DATE FALLS ON A WEEKEND OR A FEDERAL HOLIDAY,
THE DUE DATE WILL BE THE FOLLOWING BUSINESS DAY.
 www.hillsboroohio.net

Make checks or
 Money Orders Payable to
Hillsboro Income Tax Bureau

LATE FILING OF THIS RETURN SUBJECTS YOU TO INTEREST AND A MINIMUM PENALTY OF \$25.00

TAXPAYER'S NAME, ADDRESS

CURRENT EMPLOYER: _____
 TAXPAYER SSN: _____
 SPOUSE SSN: _____
 PHONE NUMBER: _____
 EMAIL: _____
 IF YOU MOVED DURING THE YEAR, YOU MUST COMPLETE
 LINES BELOW:
 DATE MOVED OUT OF CITY: _____ INTO CITY: _____
 PRESENT ADDRESS: _____

 OLD ADDRESS: _____

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

| | | OFFICE USE ONLY |
|---|----------------|-----------------|
| 1. TOTAL QUALIFYING WAGES (USUALLY BOX 5 ON W-2) , TIPS AND OTHER EMPLOYEE COMPENSATION | \$ _____ | \$ _____ |
| ATTACH ALL W-2'S | | |
| 2. OTHER INCOME OR (LOSS). FROM GAMBLING INCOME, FEDERAL SCHEDULES C, E, F, K-1, 1099-MISC | \$ _____ | \$ _____ |
| (SEE WORKSHEET B LINE 5) (ATTACH ALL COPIES OF FEDERAL SCHEDULES) | | |
| 3. TAXABLE INCOME LINE 1, PLUS LINE 2 (LOSSES ON LINE 2 DO NOT OFFSET W-2 INCOME FROM LINE 1) | \$ _____ | \$ _____ |
| 4. MUNICIPAL TAX 1½% OF LINE 3 | \$ _____ | \$ _____ |
| 5. CREDITS | | |
| A. TAX WITHHELD BY EMPLOYER FOR CITY OF HILLSBORO (DO NOT INCLUDE SCHOOL TAX) | \$ _____ | |
| B. ESTIMATED TAX PAID CITY OF HILLSBORO | \$ _____ | |
| (PRINTED AMOUNT MAY NOT REFLECT FOURTH QUARTER. PLEASE CALL FOR CURRENT AMOUNT) | | |
| C. OTHER CITY TAX PAID (NOT TO EXCEED 1½%) | \$ _____ | |
| D. PRIOR YEAR OVERPAYMENTS | \$ _____ | |
| E. TOTAL CREDITS | \$ _____ | |
| 6. TAX DUE IF LINE 4 GREATER THAN LINE 5E, PAYMENT OF BALANCE MUST ACCOMPANY THIS RETURN | \$ _____ | \$ _____ |
| NOTE: REFUND OR TAX DUE OF LESS THAN \$10.00 NOT PAYABLE | | |
| A. PENALTY \$ _____ INTEREST \$ _____ | TOTAL \$ _____ | |
| B. TOTAL AMOUNT DUE | \$ _____ | |

7. OVERPAYMENT TO BE REFUNDED \$ _____ OR CREDITED \$ _____ TO NEXT YEAR ESTIMATE

NO TAXES OR REFUNDS OF LESS THAN \$10.00 SHALL BE COLLECTED OR REFUNDED.

DECLARATION OF ESTIMATED TAX

| | |
|--|----------|
| 8. TOTAL INCOME SUBJECT TO TAX \$ _____ : MULTIPLY BY TAX RATE OF 1½% FOR GROSS TAX OF | \$ _____ |
| 9. LESS EXPECTED TAX CREDITS | |
| A. WITHHELD BY AN EMPLOYER (NOT TO EXCEED 1½%) | \$ _____ |
| B. OVERPAYMENT FROM PRIOR YEAR(S) | \$ _____ |
| C. PAYMENTS ON TAXABLE INCOME TO ANOTHER MUNICIPALITY (NOT TO EXCEED 1½%) | \$ _____ |
| D. TOTAL CREDITS | \$ _____ |
| 10. NET TAX DUE (LINE 8 LESS LINE 9D) | \$ _____ |
| 11. AMOUNT PAID WITH THIS DECLARATION (NOT LESS THAN ¼ OF LINE 10) | \$ _____ |
| 12. TOTAL OF THIS PAYMENT (LINE 6B PLUS LINE 11) | \$ _____ |
| MAKE CHECKS PAYABLE TO HILLSBORO INCOME TAX BUREAU | |

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.

CHECK BOX IF WE MAY DISCUSS THIS RETURN WITH YOUR PREPARER

Signature of Person Preparing if Other Than Taxpayer _____ Date _____

Signature of Taxpayer or Agent _____ Date _____

Address _____ Telephone Number _____

Signature of Taxpayer or Agent _____ Date _____

WORKSHEET A - SALARIES, WAGES, TIPS AND OTHER COMPENSATION
 TO BE COMPLETED BY TAXPAYERS WHO RECEIVE W-2 INCOME FROM MORE THAN ONE SOURCE
 ATTACH COPIES OF ALL W-2'S USED TO COMPUTE YOUR INCOME/WITHHOLDINGS

| City of Employment | Employer | Wages (W-2 Box 5) | City Tax Amount Withheld (W-2 Box) |
|--------------------|----------|-------------------|------------------------------------|
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TOTALS

WORKSHEET B

ATTACH COPIES OF FEDERAL FORMS AND SCHEDULES USED TO COMPUTE RETURN

| | Schedules | Income/Loss from Federal Schedules |
|----|---|------------------------------------|
| 1. | Schedule C - Income (Combine the net income or loss of all Schedules C's) | \$ |
| 2. | Schedule E - Rental Income (Residents enter profit/loss from ALL properties. Nonresidents enter only profit/loss from City properties) | \$ |
| 3. | Schedule K-1 - Partnership Income (Residents enter profit/loss from entities that do not withhold City tax) | \$ |
| 4. | Miscellaneous Income - Gambling Income, 1099-MISC, W-2G, Schedule F, etc | \$ |
| 5. | Total Income/Loss (Combine Lines 1 through 5 and enter this amount on Pg 1 Line 2) | |

QUESTIONNAIRE

Please complete the following:
 Do you own rental property? Yes No
 If yes, Schedule E is required.

Tenant Name _____
 Address _____
 Address _____
 Date occupied by this tenant _____
 SS# _____

Tenant Name _____
 Address _____
 Address _____
 Date occupied by this tenant _____
 SS# _____

Tenant Name _____
 Address _____
 Address _____
 Date occupied by this tenant _____
 SS# _____

Tenant Name _____
 Address _____
 Address _____
 Date occupied by this tenant _____
 SS# _____

Tenant Name _____
 Address _____
 Address _____
 Date occupied by this tenant _____
 SS# _____