

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

2020 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.hillsborooio.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

TAXPAYERS 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
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 1.5% 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 REFECT FORTH QUARTER PLEASE CALL FOR CURRENT AMOUNT)		
C.	OTHER CITY TAX PAID(NOT TO EXCEED 1.5%)..... \$ _____	
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		
		TAX DUE \$ <input type="text"/>
A.	PENALTY \$ _____ INTEREST \$ _____ TOTAL \$ _____	
B.	TOTAL AMOUNT DUE \$ _____	

7. OVERPAYMENT OF \$10.00 OR MORE TO BE REFUNDED \$ _____ OR CREDITED \$ _____ TO NEXT YEAR ESTIMATE
NO TAXES OR REFUNDS OF LESS THAN \$10.00 SHALL BE COLLECTED OR REFUNDED.
BY LAW. ALL REFUNDS AND CREDITS ARE REPORTED TO THE IRS

DECLARATION OF ESTIMATED TAX

8.	TOTAL INCOME SUBJECT TO TAX \$ _____ : MULTIPLY BY TAX RATE OF 1.5% FOR GROSS TAX OF.....	\$ _____
9.	LESS EXPECTED TAX CREDITS	
A.	WITHHELD BY AN EMPLOYER(NOT TO EXCEED 1.5%)..... \$ _____	
B.	OVERPAYMENT FROM PRIOR YEAR(S)..... \$ _____	
C.	PAYMENTS ON TAXABLE INCOME TO ANOTHER MUNICIPALITY(NOT TO EXCEED 1.5%)..... \$ _____	
D.	TOTAL CREDITS..... \$ _____	
10.	NET TAX DUE (LINE 8 LESS LINE 9D).....	\$ _____
11.	MINIMUM PAYMENT DUE WITH THIS DECLARATION IS 2.5% OF LINE 24..... \$ _____	\$ _____
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	_____ Phone Number	_____ Signature of Taxpayer or Agent	_____ Date

Please return completed signed, original copy along with supporting documentation to: Hillsboro Income Tax Bureau

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 INCOMEWITHHOLDINGS

City of Employment	Employer	Wages (W-2 Box 5)	City Tax Amount Withheld (W-2 Box)
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# _____