

**CITY OF ONTARIO**  
**INCOME TAX DIVISION**  
P.O. BOX 166  
ONTARIO, OHIO 44862

**2011**



# **CITY OF ONTARIO**

# **INCOME TAX FORMS**

## **JOINT / INDIVIDUAL RETURN**

**PENALTY AND INTEREST WILL BE ASSESSED FOR FAILURE TO COMPLY**

- **INCOME TAX RATE 1.5%**
- **INCOME TAX FORGIVENESS / CREDIT EQUALS 0.5%**
- **ONTARIO RESIDENTS, WHO WORK OUTSIDE OF THE CITY, WILL PAY 1.0% OF GROSS EARNINGS \*See #4 on Information Page\***

Dear Taxpayer:

This is your Ontario City Income Tax Package. To assist you in filing your return, we have included INSTRUCTIONS, THE ANNUAL RETURN IN DUPLICATE, THE DECLARATION OF ESTIMATED TAX AND THE DECLARATION OF EXEMPTION.

Every Ontario resident 18 years of age and older must file an Ontario Income Tax Return by April 17, unless exempt. Refer to the INDIVIDUAL DECLARATION OF EXEMPTION form on the last page for all filing exemption categories.

Every non-resident individual earning income in Ontario not subject to the withholding of Ontario income tax must also file an annual return.

**Web Site [www.ontarioohio.org](http://www.ontarioohio.org)**

### **IMPORTANT**

**BEFORE** preparing your return: **READ ALL GENERAL INFORMATION AND INSTRUCTIONS CAREFULLY.**

**AFTER** preparing your return – Be sure the following requirements have been completed:

- **FILE YOUR RETURN BY APRIL 17th. If delinquent, late Filing Penalty and/or Interest Charges will be Assessed.**
- **ATTACH ALL REQUIRED FORMS (W-2, 1099, or FEDERAL SCHEDULES) to verify all reported figures.**
- **SIGN THE RETURN, both Husband and Wife must sign a joint return.**
- **INCLUDE PAYMENT OF ANY TAX DUE. NONPAYMENT WILL INCUR PENALTY AND/OR INTEREST CHARGES.**
- **COMPLETE THE DECLARATION OF ESTIMATED TAX for the following year and include payment of the first installment.**

If you have questions, call or visit our office at 555 Stumbo Road. Our telephone number is (419) 529-3045, our fax number is (419) 529-6132.

Sincerely,

Sallie L. Neal  
Income Tax Administrator

## **TAXABLE INCOME INCLUDES (but is not limited to)**

1. Wages, salaries and other compensation.
2. Bonuses, tip income and severance pay.
3. Commissions, fees and other earned income.
4. Sick pay.
5. Employer supplemental unemployment benefits (SUB pay).
6. Employee contributions to retirement plans (Deferred Compensation).
7. Net rental income.
8. Net profits of business or profession, corporation, etc.
9. Income from partnerships, estates or trusts.
10. Ordinary gains and losses as reported on federal forms.

## **GENERAL INFORMATION**

1. **WHO MUST FILE:** Every Ontario resident 18 years of age and older must file an Ontario Income Tax Return by April 17, unless exempt. Refer to the INDIVIDUAL DECLARATION OF EXEMPTION form on the last page for all filing exemption categories. Every non-resident individual earning income in Ontario not subject to the withholding of Ontario income tax must also file an annual return. Every business entity (partnership, corporation, profession, fiduciary, trust, etc.), whether a resident or non-resident, that conducts a business in this municipality must file a return and pay tax on any net profit. Calendar year businesses must file on or before April 17th. Fiscal year businesses must file 120 days after the fiscal year-end.
2. **WHEN AND WHERE TO FILE RETURNS:** Taxpayers who end their year on December 31, must file on or before April 17th. Taxpayers on a fiscal or partial year basis, must file within 120 days following the end of such period. The return is to be filed with: ONTARIO MUNICIPAL INCOME TAX, 555 STUMBO ROAD, ONTARIO, OHIO 44906.
3. **DECLARATION OF EXEMPTION RETURN:** To meet mandatory filing requirements, this form must be filed in lieu of the tax return—ONLY BY THOSE INDIVIDUALS WHO QUALIFY. This form must be filed by April 17th. (See instructions on last page.)
4. **TAX CREDIT:** Every resident taxpayer who has paid a municipal income tax of at least 0.5% to another Municipality shall be allowed a credit on the tax imposed by that municipality which shall not exceed 0.5% of gross earnings. Ontario residents will be required to pay 1.0% of gross earnings to the City of Ontario.
5. **EXTENSION OF TIME TO FILE:** A copy of the IRS extension must be received or postmarked by the due date of the return. The extension will be granted to the extent provided for under current State law. CAUTION: An extension of time to file does NOT give you an extension of time to pay. If no estimated tax payment has been made, a tentative payment on the tax due must accompany the extension request by using the application for extension found on the website [www.ontarioohio.org](http://www.ontarioohio.org).
6. **DECLARATION OF ESTIMATED TAX FOR THE FOLLOWING YEAR:** Every taxpayer who anticipates any taxable income or net profit not subject to total tax withholding shall file a Declaration of Estimated Tax. This declaration is to be filed with the Tax Department by April 17th, accompanied by payment of no less than one fourth of the total estimated tax.
7. **SIGNATURE:** Do not fail to sign and date your return. A tax return is not legally filed until signed by the taxpayer or a legally authorized agent.
8. **PENALTY AND INTEREST:** If this return is delinquent, compute penalty and interest.  
**PENALTY** (\$35.00) for late filing or non payment.  
**INTEREST** (1 ½% PER MONTH) on any unpaid tax balance after original Due Date.  
Refer to line 7A on Page 1.
9. **CHANGE IN TAX LIABILITY:** An amended Ontario return is required within three months of the determination of any changed tax liability resulting from Federal Audit Judicial Decision or other circumstance.
10. **PART YEAR RESIDENT:** Attach the computation of part year allocation, and indicate date of move to or from Ontario.

## **INCOME NOT SUBJECT TO CITY INCOME TAX**

1. Interest or dividend income.
2. Pension and retirement income.
3. Social Security or poor relief.
4. State unemployment benefits (Not including SUB Pay).
5. Alimony.
6. Military pay allowances (by members of the Armed Forces of the United States – active duty and reserve pay)
7. Earnings of persons under 18 years of age.
8. Capital gains and losses.

## **TAX RETURN INSTRUCTIONS**

### **INDIVIDUALS**

**PAGE 1. COMPLETE NAME, ADDRESS, SOCIAL SECURITY #, PHONE NUMBER AND STATUS BOX.** List total wages on line 1 (attach W-2's). Include Deferred Compensation. Employee Contributions to Retirement Plans are Taxable at city level. Follow remaining Line Instructions.

**PAGE 2. IF YOU HAVE OTHER INCOME** (income other than reported on form W-2) complete page 2, per line instructions, return to page 1, line 2 to compute tax due. Attach a copy of any Federal Schedules used, or 1099's.

Contact the Income Tax Department if you have questions, **419-529-3045**.

### **OTHER INCOME**

#### **SCHEDULE C – PROFIT/LOSS FROM BUSINESS/PROFESSION:**

Use Ontario form or attach Federal Schedule C. If you operate more than one business, and maintain separate books, a copy of Schedule C should be attached for each business, and the total entered on page 2. A Tax Return must be filed if a Net Loss has been incurred for the tax year. Loss carryovers are not permitted.

#### **SCHEDULE E – INCOME FROM RENTS:**

(A City Income Tax Return must be Filed even if a Net Loss has been incurred.)

RESIDENTS of Ontario are subject to the City Income Tax on the net profit of all rental property, regardless of location.

NONRESIDENTS of Ontario are subject to tax on the portion of such net profit earned from property located in Ontario.

Attach Federal Schedule E, or complete Ontario Schedule E and enter total on page 2.

#### **SCHEDULE H – OTHER INCOME:**

Taxable income includes: income from estates, trusts and partnerships (if not paid by partnership entity), fees, tips, gifts, gaming, wagering, and employee business expenses not included on form W-2. Enter total on page 2.

#### **BUSINESS LOSSES:**

##### **LOSSES CANNOT BE DEDUCTED FROM W-2 WAGES**

Losses from any business activity or occupation not subject to withholding under the ordinance may not be deducted from income received or tax withheld for services performed for any employer.

- **FILE RETURN BY APRIL 17th.**
- **FILE EXTENSION BY APRIL 17th.**
- **FILE DECLARATION BY APRIL 30th.**
- **INCLUDE PAYMENT OF TAX DUE.**
- **ATTACH W-2's, Federal Schedules of Income, if Ontario Schedules are not completed.**

# 2011

## JOINT/INDIVIDUAL CITY OF ONTARIO, OHIO INCOME TAX RETURN

For Jan. 1, 2011 – Dec. 31, 2011  
or

**File With and Mail To:**  
**ONTARIO MUNICIPAL INCOME TAX**  
 P.O. Box 166  
 Ontario, Ohio 44862  
 Ph. (419) 529-3045 Fax (419) 529-6132

**Make Checks and Money Orders  
Payable to:  
ONTARIO MUNICIPAL INCOME TAX**

Fiscal Period \_\_\_\_\_ to \_\_\_\_\_  
 – CALENDAR YEAR TAXPAYERS FILE ON OR BEFORE APRIL 17 –  
 FISCAL and PARTIAL YEARS FILE  
 WITHIN 120 DAYS of end of tax period

**NAME AND  
ADDRESS HERE**

Note: Extension of Time To File Application must be filed with the City by the original City Filing deadline date.

(TAXPAYER) Soc. Sec. No. _____ (SPOUSE) Soc. Sec. No. _____ Phone Number _____	Office Use Only
Did you change residence in 2011? Yes No Enter Date moved in _____ out _____ Did you file a city return in 2010? Yes No	

**ATTACH ALL W-2 COPIES HERE**

1. WAGES, SALARIES, TIPS AND OTHER EMPLOYEE COMPENSATION (ATTACH ALL W-2'S) .....	1.	
2. OTHER TAXABLE INCOME (SEE INSTRUCTIONS) .....	2.	
3. 210S EXPENSES (ATTACH DOCUMENTATION) .....	3.	
4. TAXABLE INCOME: LINE 1, PLUS LINE 2 MINUS LINE 3 .....	4.	
5. MUNICIPAL TAX .015 or 1.5% OF LINE 4 .....	5.	
<b>6. CREDITS</b>		
A. TAX WITHHELD BY EMPLOYER FOR CITY OF ONTARIO .....	6A.	
B. ESTIMATED TAX PAID CITY OF ONTARIO .....	6B.	
C. PRIOR YEAR OVER PAYMENTS .....	6C.	
D. TAX PAID CITY OF _____ <small style="margin-left: 150px;">Not to exceed .005 or 0.5% of taxed gross earnings (Limit per each W-2)</small>	6D.	
E. TOTAL CREDITS .....	6E.	
<b>7. TAX DUE LINE 5 MINUS LINE 6E .....</b>	<b>7.</b>	
A. PENALTY (\$35.00) FOR LATE FILING _____ INTEREST (1 1/2% PER MONTH) _____ TOTAL		
B. TOTAL AMOUNT DUE .....		

### PAYMENT OF BALANCE MUST ACCOMPANY THIS RETURN

8. OVERPAYMENT: LINE 6E MINUS LINE 5. NOT LESS THAN ZERO .....	8.	
8A. AMOUNT OF OVERPAYMENT YOU WANT REFUNDED .....	8A.	
8B. AMOUNT OF OVERPAYMENT YOU WANT CREDITED TO 2012 ESTIMATED TAX .....	8B.	

### 2012 DECLARATION OF ESTIMATED TAXES

9. TOTAL INCOME SUBJECT TO TAX \$ _____ MULTIPLY BY TAX RATE OF .015 or 1.5% FOR GROSS TAX OF	9.	
<b>10. LESS EXPECTED TAX CREDITS</b>		
A. WITHHELD BY EMPLOYER FOR CITY OF ONTARIO .....	10A.	
B. PAYMENTS ON TAXABLE INCOME TO ANOTHER MUNICIPALITY NOT TO EXCEED .005 OR 0.5% .....	10B.	
C. TOTAL CREDITS .....	10C.	
11A. NET TAX DUE (LINE 9 LESS LINE 10C) .....	11A.	
11B. OVERPAYMENT FROM PRIOR YEAR(S) From line 8B .....	11B.	
11C. BALANCE OF 2012 ESTIMATED TAX DUE Line 11A minus 11B .....	11C.	
12. AMOUNT PAID WITH THIS DECLARATION (1/4 of Line 11A Less Line 11C) .....	12.	
13. AMOUNT ENCLOSED (LINE 7) \$ _____ (LINE 12) \$ _____ TOTAL 13.		

The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated and that the figures used herein are the same as used for Federal Income Tax purposes where applicable. This Tax Return is Not Legally filed if not signed by the Taxpayer(s) or a legally Authorized Agent.

Signature of Person Preparing if Other Than Taxpayer	Date	Signature of Taxpayer or Agent	Date
Address of Firm or Preparer	Signature of Spouse (if filing jointly)		Date

If this return was prepared by a tax practitioner, may we contact your practitioner directly with questions regarding the preparation of this return? ..... Yes  No

**IMPORTANT NOTICE: If you file this return in person at the Tax Office, bring both copies.**

**IF COPY OF FEDERAL RETURN AND SCHEDULES ARE ATTACHED OMIT THIS PAGE  
(EXCEPT WHEN SCHEDULE X AND/OR Y ARE USED)  
LOSS CARRYOVER IS NOT ALLOWED**

**Business Name** \_\_\_\_\_ **Business Address** \_\_\_\_\_

**SCHEDULE C – PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION**

- 1. TOTAL RECEIPTS, LESS ALL ALLOWANCES, REBATES AND RETURNS.....\$ \_\_\_\_\_
- 2. LESS Cost of Labor \$ \_\_\_\_\_ Material, supplies and other costs \$ \_\_\_\_\_
- 3. GROSS PROFIT FROM SALES, ETC., (line 1 less line 2).....\$ \_\_\_\_\_
- 4. DIVIDENDS \$ \_\_\_\_\_; INTEREST \$ \_\_\_\_\_; ROYALTIES \$ \_\_\_\_\_
- 5. RENTS RECEIVED, IF CONNECTED WITH TRADE OR BUSINESS.....
- 6. OTHER BUSINESS INCOME (specify discounts, rebates, etc.).....
- 7. TOTAL BUSINESS INCOME BEFORE DEDUCTIONS.....\$ \_\_\_\_\_

**BUSINESS DEDUCTIONS**

- |  |   |
|--|---|
| 8. Advertising and Promotion.....\$ _____  | b. Salaries and Wages.....\$ _____                  |
| 9. Auto, truck and travel.....   | c. Payment to partners.....                         |
| 10. Bad debts.....   | 14. Depreciation, Amortization.....                 |
| 11. Interest on Business indebtedness.....   | 15. Rents (Paid to).....                            |
| 12. a. Income taxes on business.....   | 16. Other (List if over 10 percent of Line 17)..... |
| b. Other business taxes.....   | 17. Total Business Deductions.....\$ _____          |
| 13. a. Compensation of Officers.....   |   |
| 18. Net Profit or Loss from Business (Line 7 less line 17 - If Loss, enter "0").....\$ _____ |   |

**SCHEDULE E – INCOME FROM RENTS (If not included in Schedule C)  
(Attach statement explaining columns (C), (D), and (E))**

(A) Kind & location of property	(B) Amount of Rent	(C) Depreciation	(D) Repairs	(E) Other Expenses	(F) Net Income (or loss)

19. TOTAL SCHEDULE E NET INCOME (If Loss, enter "0").....\$ \_\_\_\_\_

**SCHEDULE H – OTHER INCOME NOT INCLUDED IN SCHEDULES C OR E**

INCOME FROM PARTNERSHIPS, ESTATES & TRUSTS; FEES, TIPS, GAMING, WAGERING, ETC.  
(Do Not include Interest, Dividends, Insurance and Soc. Sec.)

Received From	For (describe)	Amount

20. TOTAL INCOME SCHEDULE H.....\$ \_\_\_\_\_

21. TOTAL SCHEDULES C, E, & H. ENTER ON LINE 2 PAGE 1.....\$ \_\_\_\_\_

# 2011

## JOINT/INDIVIDUAL CITY OF ONTARIO, OHIO INCOME TAX RETURN

For Jan. 1, 2011 – Dec. 31, 2011  
or

Fiscal Period \_\_\_\_\_ to \_\_\_\_\_  
 – CALENDAR YEAR TAXPAYERS FILE ON OR BEFORE APRIL 17 –  
 FISCAL and PARTIAL YEARS FILE  
 WITHIN 120 DAYS of end of tax period

**File With and Mail To:**  
**ONTARIO MUNICIPAL INCOME TAX**  
 P.O. Box 166  
 Ontario, Ohio 44862  
 Ph. (419) 529-3045 Fax (419) 529-6132

**Make Checks and Money Orders  
 Payable to:  
 ONTARIO MUNICIPAL INCOME TAX**

**Note: Extension of Time To File Application must be filed with the City by the original City Filing deadline date.**

**NAME AND ADDRESS HERE**

(TAXPAYER) Soc. Sec. No. _____ (SPOUSE) Soc. Sec. No. _____ Phone Number _____	Office Use Only
Did you change residence in 2011? Yes No Enter Date moved in _____ out _____ Did you file a city return in 2010? Yes No	

**ATTACH ALL W-2 COPIES HERE**

1. WAGES, SALARIES, TIPS AND OTHER EMPLOYEE COMPENSATION (ATTACH ALL W-2'S) _____	1.	
2. OTHER TAXABLE INCOME (SEE INSTRUCTIONS) _____	2.	
3. 2106 EXPENSES (ATTACH DOCUMENTATION) _____	3.	
4. TAXABLE INCOME: LINE 1, PLUS LINE 2 MINUS LINE 3 _____	4.	
5. MUNICIPAL TAX .015 or 1.5% OF LINE 4 _____	5.	
6. CREDITS		
A. TAX WITHHELD BY EMPLOYER FOR CITY OF ONTARIO _____	6A.	
B. ESTIMATED TAX PAID CITY OF ONTARIO _____	6B.	
C. PRIOR YEAR OVER PAYMENTS _____	6C.	
D. TAX PAID CITY OF _____	6D.	
Not to exceed .005 or 0.5% of taxed gross earnings (Limit per each W-2)		
E. TOTAL CREDITS _____	6E.	
7. TAX DUE LINE 5 MINUS LINE 6E _____	7.	
A. PENALTY (\$35.00) FOR LATE FILING _____ INTEREST (1 1/2% PER MONTH) _____ TOTAL _____		
B. TOTAL AMOUNT DUE _____		
		(No payment or refund for amount under \$3.00)

### PAYMENT OF BALANCE MUST ACCOMPANY THIS RETURN

8. OVERPAYMENT: LINE 6E MINUS LINE 5. NOT LESS THAN ZERO _____	8.	
8A. AMOUNT OF OVERPAYMENT YOU WANT REFUNDED _____	8A.	
8B. AMOUNT OF OVERPAYMENT YOU WANT CREDITED TO 2012 ESTIMATED TAX _____	8B.	

### 2012 DECLARATION OF ESTIMATED TAXES

9. TOTAL INCOME SUBJECT TO TAX \$ _____ MULTIPLY BY TAX RATE OF .015 or 1.5% FOR GROSS TAX OF _____	9.	
10. LESS EXPECTED TAX CREDITS		
A. WITHHELD BY EMPLOYER FOR CITY OF ONTARIO _____	10A.	
B. PAYMENTS ON TAXABLE INCOME TO ANOTHER MUNICIPALITY NOT TO EXCEED .005 OR 0.5% _____	10B.	
C. TOTAL CREDITS _____	10C.	
11A. NET TAX DUE (LINE 9 LESS LINE 10C) _____	11A.	
11B. OVERPAYMENT FROM PRIOR YEAR(S) From line 8B _____	11B.	
11C. BALANCE OF 2012 ESTIMATED TAX DUE Line 11A minus 11B _____	11C.	
12. AMOUNT PAID WITH THIS DECLARATION (1/4 of Line 11A Less Line 11C) _____	12.	
13. AMOUNT ENCLOSED (LINE 7) \$ _____ (LINE 12) \$ _____ TOTAL 13. _____		

The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated and that the figures used herein are the same as used for Federal Income Tax purposes where applicable. This Tax Return is Not Legally filed if not signed by the Taxpayer(s) or a legally Authorized Agent.

Signature of Person Preparing if Other Than Taxpayer	Date	Signature of Taxpayer or Agent	Date
Address of Firm or Preparer		Signature of Spouse (if filing jointly)	Date

If this return was prepared by a tax practitioner, may we contact your practitioner directly with questions regarding the preparation of this return? Yes  No

**IF COPY OF FEDERAL RETURN AND SCHEDULES ARE ATTACHED OMIT THIS PAGE  
(EXCEPT WHEN SCHEDULE X AND/OR Y ARE USED)  
LOSS CARRYOVER IS NOT ALLOWED**

Business Name \_\_\_\_\_ Business Address \_\_\_\_\_

**SCHEDULE C – PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION**

- 1. TOTAL RECEIPTS, LESS ALL ALLOWANCES, REBATES AND RETURNS.....\$ \_\_\_\_\_
- 2. LESS Cost of Labor \$ \_\_\_\_\_ Material, supplies and other costs \$ \_\_\_\_\_
- 3. GROSS PROFIT FROM SALES, ETC., (line 1 less line 2).....\$ \_\_\_\_\_
- 4. DIVIDENDS \$ \_\_\_\_\_; INTEREST \$ \_\_\_\_\_; ROYALTIES \$ \_\_\_\_\_
- 5. RENTS RECEIVED, IF CONNECTED WITH TRADE OR BUSINESS.....
- 6. OTHER BUSINESS INCOME (specify discounts, rebates, etc.).....
- 7. TOTAL BUSINESS INCOME BEFORE DEDUCTIONS.....\$ \_\_\_\_\_

**BUSINESS DEDUCTIONS**

- 8. Advertising and Promotion.....\$ \_\_\_\_\_
- 9. Auto, truck and travel.....
- 10. Bad debts.....
- 11. Interest on Business indebtedness.....
- 12. a. Income taxes on business.....
- b. Other business taxes.....
- 13. a. Compensation of Officers.....
- b. Salaries and Wages.....\$ \_\_\_\_\_
- c. Payment to partners.....
- 14. Depreciation, Amortization.....
- 15. Rents (Paid to).....
- 16. Other (List if over 10 percent of Line 17).....
- 17. Total Business Deductions.....\$ \_\_\_\_\_
- 18. Net Profit or Loss from Business (Line 7 less line 17 - If Loss, enter "0").....\$ \_\_\_\_\_

**SCHEDULE E – INCOME FROM RENTS (If not included in Schedule C)  
(Attach statement explaining columns (C), (D), and (E))**

(A) Kind & location of property	(B) Amount of Rent	(C) Depreciation	(D) Repairs	(E) Other Expenses	(F) Net Income (or loss)

19. TOTAL SCHEDULE E NET INCOME (if Loss, enter "0").....\$ \_\_\_\_\_

**SCHEDULE H – OTHER INCOME NOT INCLUDED IN SCHEDULES C OR E  
INCOME FROM PARTNERSHIPS, ESTATES & TRUSTS: FEES, TIPS, GAMING, WAGERING, ETC.  
(Do Not Include Interest, Dividends, Insurance and Soc. Sec.)**

Received From	For (describe)	Amount

20. TOTAL INCOME SCHEDULE H.....\$ \_\_\_\_\_

21. TOTAL SCHEDULES C, E, & H. ENTER ON LINE 2 PAGE 1.....\$ \_\_\_\_\_

----- INDIVIDUAL DECLARATION OF FILING EXEMPTION OF ONTARIO, OHIO CITY INCOME TAX RETURN -----

**ONTARIO CITY ORDINANCE**

Mandatory tax filing became effective January 1, 2003. All residents eighteen years of age and older shall file an Annual Return, notwithstanding whether Ontario Municipal Income Tax has been withheld by an employer or for any other reason, except in such cases when a Resident Qualifies for an Exemption.

If you qualify under one of the below listed categories, the filing of this declaration will satisfy your obligation as imposed by The Ontario City Income Tax Mandatory Filing Ordinance requiring the filing of an Income Tax Return.

If any of the categories shown below apply to any persons in your household, check the appropriate category, have all exempt individuals sign and file this form by April 17th. **Return this completed form by April 17th to: Ontario Municipal Income Tax P.O. Box 166 Ontario, Ohio 44862**

**NOTE: ONLY EXEMPT INDIVIDUALS SHOULD COMPLETE AND SIGN THIS EXEMPTION FORM.**

**(OTHERWISE YOU MUST FILE AN ANNUAL MUNICIPAL INCOME TAX RETURN)**

**I AM QUALIFIED TO FILE AN ONTARIO INCOME TAX EXEMPTION RETURN BECAUSE:**

1. \_\_\_\_\_ Retired. No income subject to the Ontario City Income Tax for entire tax year of 2011. – I received only Social Security, Pension, Interest or Dividend Income. I do not own rental property. I am not self-employed.  
Date retired: \_\_\_\_\_ Employer's Name: \_\_\_\_\_
2. \_\_\_\_\_ Unemployed. No earned income for the entire tax year of 2011.
3. \_\_\_\_\_ Homemaker      4. \_\_\_\_\_ Disabled      5. \_\_\_\_\_ Welfare      6. \_\_\_\_\_ ADC
7. \_\_\_\_\_ Had gross earnings of \$300.00 or less for the entire tax year of 2011 (must attach documentation).
8. \_\_\_\_\_ A member of the Armed Forces of the United States for the entire year of 2011.  
(This does not include civilians employed by the Military or National Guard.)
9. \_\_\_\_\_ Non-Resident. I never lived in Ontario, Ohio and I do not work in or receive income from Ontario, Ohio.
10. \_\_\_\_\_ I moved from Ontario, Ohio before this tax year and have no income subject to Ontario, Ohio City Income Tax.

**I UNDERSTAND THAT I MUST FILE A CITY OF ONTARIO, OHIO TAX RETURN IF ANY OF THESE EXEMPT CONDITIONS CHANGE IN FUTURE YEARS.**

**I DECLARE THE INFORMATION SUPPLIED TO BE TRUE, CORRECT AND COMPLETE. ANY MISREPRESENTATION WILL BE IN VIOLATION OF THE CODIFIED ORDINANCES OF THE CITY OF ONTARIO, OHIO AND SUBJECT TO PENALTIES THEREIN IMPOSED.**

Name \_\_\_\_\_ Exemption Category Number(s) \_\_\_\_\_  
Please list exemption number(s) checked.  
Address \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Exempt Person's Signature \_\_\_\_\_ Date \_\_\_\_\_ Age \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Exemption Category Number(s) \_\_\_\_\_  
Please list exemption number(s) checked.  
Address \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Exempt Person's Signature \_\_\_\_\_ Date \_\_\_\_\_ Age \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Exemption Category Number(s) \_\_\_\_\_  
Please list exemption number(s) checked.  
Address \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Exempt Person's Signature \_\_\_\_\_ Date \_\_\_\_\_ Age \_\_\_\_\_ Phone \_\_\_\_\_

**PLEASE NOTE: Signature, Address and Social Security Number must be completed by each exempt individual.**