

**CITY OF ONTARIO**  
**INCOME TAX DIVISION**  
555 STUMBO ROAD  
ONTARIO, OHIO 44906-1259

**2017**



# **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 1.0%**

**\* Reminder: City of Ontario PDF Forms CANNOT be filed electronically. \***

Dear Taxpayer:

This is your Ontario City Income Tax Package. To assist you in filing your return, we have included INSTRUCTIONS, THE ANNUAL RETURN, 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, 2018.

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 REQUIRED FORMS** (W-2, 1099, Federal Form 1040, pages 1 & 2, Federal Schedules) to verify reported figures.
- **INCLUDE PAYMENT OF TAX DUE.** NONPAYMENT WILL INCUR PENALTY AND/OR INTEREST CHARGES.
- **COMPLETE DECLARATION OF ESTIMATED TAX** for the following year and include payment of the first installment.
- **SIGN THE RETURN**, both Husband and Wife must sign a joint return.

If you have questions, call or visit the office at 555 Stumbo Road. Telephone number is (419) 529-3045  
Fax number is (419) 529-6132

Sincerely,

Sallie L. Neal  
Income Tax Administrator

**MAKE PAYABLE AND MAIL TO:**

CITY OF ONTARIO  
INCOME TAX DEPARTMENT  
555 STUMBO ROAD  
ONTARIO, OH 44906-1259

PHONE 419-529-3045 FAX 419-529-6132  
sneal@ontarioohio.org

**2017**

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

**Jan. 1, 2017 – Dec. 31, 2017**

**DUE: APRIL 17, 2018**

Office Use Only

**Filing Status**

- ☐ Single  
☐ Married filing joint  
☐ Married filing separate

- ☐ RESIDENT  
☐ NON-RESIDENT

NAME:	TAXPAYER'S SOC SEC NO: _____	IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES
ADDRESS:	SPOUSE'S SOC SEC NO: _____	INTO _____ / _____ / _____
		OUT OF _____ / _____ / _____
E-MAIL ADDRESS:	IF YOU RENT, PLEASE GIVE LANDLORDS INFORMATION NAME _____ ADDRESS _____	
PHONE NO.:		

1. WAGES, SALARIES, & TIPS (BOX 5 OF W-2 OR HIGHEST WAGE ON W-2) ..... <b>(ATTACH ALL W-2'S AND FEDERAL FORM 1040, PAGES 1 &amp; 2)</b>	1. \$ _____
2. FEDERAL FORM 2106 DEDUCTIONS – SEE INSTRUCTIONS ..... <b>(BOTH FORM 2106 AND FEDERAL SCHEDULE A MUST BE ATTACHED TO RECEIVE DEDUCTION)</b>	2. \$ _____
3. OTHER INCOME: FROM FED SCHEDULES – SEE INSTRUCTIONS ..... <b>(ATTACH ALL DOCUMENTATION) = 1099-R's ARE NOT TAXABLE AT CITY LEVEL</b>	3. \$ _____
A. NET OPERATING LOSS CARRYFORWARD IS 50% OF LOSS TOTAL ..... 3A. _____	
4. TOTAL INCOME (SUBTRACT LINE 2 FROM LINE 1 AND ADD LINE 3) .....	4. \$ _____
5. ONTARIO INCOME TAX 1.5% OF LINE 4 (LINE 4 x .015).....	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 _____ Not to exceed 1.0% of taxed gross earnings (Limit per each W-2) 6D. _____	
E. TOTAL CREDITS (ADD A, B, C, and D) ..... 6E. _____	\$ _____
7. <b>TAX DUE (LINE 5 MINUS LINE 6E)</b> .....	7. \$ _____
8. LATE FILING FEE (\$25.00 EACH MONTH FILED LATE UP TO \$150.00).....	8. \$ _____
9/10. PENALTY/INTEREST (PLEASE SEE INSTRUCTIONS TO CALCULATE) IF PAID AFTER DUE DATE.....	9/10. \$ _____
11. TOTAL AMOUNT DUE ..... <b>(No payment or refund for amount under \$10.00)</b>	11. \$ _____

**PAYMENT OF BALANCE MUST ACCOMPANY THIS RETURN**

12. OVERPAYMENT: LINE 6E MINUS LINE 5. NOT LESS THAN ZERO .....	12. \$ _____
12A. AMOUNT OF OVERPAYMENT YOU WANT REFUNDED .....	12A. _____
12B. AMOUNT OF OVERPAYMENT YOU WANT CREDITED TO 2018 ESTIMATED TAX .....	12B. _____

**2018 DECLARATION OF ESTIMATED TAXES**

**\*\*REQUIRED IF YOUR ONTARIO TAX LIABILITY WAS OVER \$200.00 LAST YEAR\*\***

13. TOTAL INCOME SUBJECT TO TAX \$ _____ MULTIPLY BY 1.5% (0.015) .....	13. \$ _____
14. ESTIMATED CREDITS (TAX WITHHELD, PAID BY PARTNERSHIPS, PAID TO OTHER CITIES) .....	14. \$ _____
15. NET TAX DUE (SUBTRACT LINE 14 FROM LINE 13) .....	15. \$ _____
16. FIRST INSTALLMENT OF DECLARATION (NOT LESS THAN 22.5% (0.225) OF LINE 15) .....	16. \$ _____
17. LESS OVERPAYMENT FROM LINE 12B ABOVE: (\$ _____) = BALANCE DUE WITH RETURN: .....	17. \$ _____
<b>18. TOTAL AMOUNT DUE (ADD Lines 7 and 17) ..... PAY THIS AMOUNT (Make Checks Payable to City of Ontario) .....</b>	<b>18. \$ _____</b>

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
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Address of Firm or Preparer	Signature of Spouse (If filing Jointly)	Date
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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 ☐

**WORKSHEET A – SALARIES AND WAGES (W2 INCOME)**

Column 1	Column 2	Column 3	Column 4	Column 5 (B)
Employer, City, State	Income From Each W-2 Box 5/18	2106 Expenses Adj.	Ontario Tax Withheld	Other City Tax Withheld
A.				
B.				
C.				
D.				
<b>Totals</b>				

ENTER ON

Line 1

Line 2

Line 6A

Line 6D

(A) 2106 expenses can only be used if used federally. To calculate the acceptable adjustment (Column 3), use line 10 of Form 2106 minus 2% of line 38 of Form 1040. Please include a copy of Federal Forms 2106, 1040, and Schedule A for documentation. Income reduced by this 2106 adjustment and (B) Other City Tax Withheld (Column 5) cannot exceed 1% of income from each W-2 (Column 2).

**WORKSHEET B – OTHER INCOME**
**1. Schedule C (If taxes paid to other cities, ATTACH OTHER CITIES' RETURNS  
(Attach copy of Schedule C))**
**(A)****(B)****(C)****(D)****(E)**  
(C times D)

Business Name	Business Address	Net Profit/ (Loss)	Allocation Percentage	Amount Subject to Tax
A.				
B.				

**TOTAL (1)**

\$

**2. Schedule E – Income From Rents (Attach Federal Schedule E)**
**TOTAL (2)**

\$

**3. Schedule H – Other Income Not Included in Schedules C or E (Attach Federal Schedules)**

Income from Partnerships, Estates, Trusts, Fees, Tips, 1099's, etc.

Received From Name/ID#	For (Description and/or Location)	Amount
A.		
B.		

**TOTAL (3)** \$ \_\_\_\_\_**TOTAL OTHER INCOME (ADD LINES 1 – 3)** ENTER ON LINE 3 OF RETURN**TOTAL** \$ \_\_\_\_\_

NOTE: The net loss from an unincorporated business activity may not be used to offset salaries, wages, commissions or other compensation. However, if a taxpayer is engaged in two or more taxable business activities to be included on the same return, the net loss of one unincorporated business activity may be used to offset the profits of another for purposes of arriving at overall net profits. **(Final Return Line 3 cannot be less than zero, if you have W-2 income)**

**WORKSHEET C – EXEMPTION****VERIFICATION REQUIRED****2017**

EXEMPTION

I AM EXEMPT BECAUSE:

\* Federal 1040, page 1, acceptable proof \*

- ☐ I AM UNDER 18 YEARS OF AGE - BIRTH DATE \_\_\_\_\_  
☐ I HAD NO TAXABLE INCOME      ☐ ACTIVE MILITARY\*      ☐ UNEMPLOYED      ☐ DISABLED  
☐ SOCIAL SECURITY      ☐ PENSION\*

**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 \_\_\_\_\_

Address \_\_\_\_\_

Social Security Number \_\_\_\_\_

Exempt Person's  
Signature \_\_\_\_\_

Date \_\_\_\_\_ Phone \_\_\_\_\_

**CITY OF ONTARIO, OHIO  
DECLARATION OF ESTIMATED TAX FOR YEAR 2018**

**2018 ESTIMATED VOUCHER #1 – DUE APRIL 17, 2018**

Name: \_\_\_\_\_ Last four of Soc. Sec. # \_\_\_\_\_

Address: \_\_\_\_\_

- |  |    |       |
|--|----|-------|
| 1. Total income subject to tax \$ _____ (Multiply by 1.5%) .....     | \$ | _____ |
| 2. Less allowable credit of other city wages (limited to 1.0%) ..... | \$ | _____ |
| 3. Total Declaration (line 1 minus line 2) .....                     | \$ | _____ |
| 4. Payment amounts (line 3 times 0.225) .....                        | \$ | _____ |
| 5. Overpayment from previous year .....                              | \$ | _____ |
| 6. First payment amount (line 4 minus line 5) .....                  | \$ | _____ |

**90% OF BALANCE TO BE PAID IN FOUR EQUAL INSTALLMENTS**

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**2018 ESTIMATED TAX VOUCHER #2 – DUE JUNE 15, 2018**

Name: \_\_\_\_\_ Last four of Soc. Sec. # \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number \_\_\_\_\_

- |                              |                               |
|------------------------------|-------------------------------|
| 1. Payment Enclosed \$ _____ | 2. Remaining Balance \$ _____ |
|------------------------------|-------------------------------|

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**2018 ESTIMATED TAX VOUCHER #3 – DUE SEPTEMBER 15, 2018**

Name: \_\_\_\_\_ Last four of Soc. Sec. # \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number \_\_\_\_\_

- |                              |                               |
|------------------------------|-------------------------------|
| 1. Payment Enclosed \$ _____ | 2. Remaining Balance \$ _____ |
|------------------------------|-------------------------------|

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**2018 ESTIMATED TAX VOUCHER #4 – DUE JANUARY 15, 2019**

Name: \_\_\_\_\_ Last four of Soc. Sec. # \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number \_\_\_\_\_

- |                              |                               |
|------------------------------|-------------------------------|
| 1. Payment Enclosed \$ _____ | 2. Remaining Balance \$ _____ |
|------------------------------|-------------------------------|
- 

**MAIL PAYMENTS TO:**     **CITY OF ONTARIO, INCOME TAX DEPARTMENT**  
                                  **555 STUMBO ROAD**  
                                  **ONTARIO, OHIO 44906-1259**

**IF YOU HAVE ANY QUESTIONS CONTACT THE TAX OFFICE AT 419-529-3045**