

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

**2018**



# **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 15, 2019.

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 15th. 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 Clerk

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

2018

JOINT/INDIVIDUAL INCOME TAX RETURN
CITY OF ONTARIO, OHIO

Jan. 1, 2018 – Dec. 31, 2018

DUE: APRIL 15, 2019

Office Use Only

Filing Status

- Single, Married filing joint, Married filing separate, RESIDENT, NON-RESIDENT

NAME, ADDRESS, E-MAIL ADDRESS, PHONE NO., TAXPAYER'S SOC SEC NO., SPOUSE'S SOC SEC NO., IF YOU RENT, PLEASE GIVE LANDLORDS INFORMATION

Table with 10 rows for tax calculations: 1. WAGES, SALARIES, & TIPS; 2. OTHER INCOME; 3. TOTAL INCOME; 4. ONTARIO INCOME TAX; 5. CREDITS; 6. TAX DUE; 7. LATE FILING FEE; 8/9. PENALTY/INTEREST; 10. TOTAL AMOUNT DUE

PAYMENT OF BALANCE MUST ACCOMPANY THIS RETURN

Table for payment of balance: 11. OVERPAYMENT; 11A. AMOUNT OF OVERPAYMENT YOU WANT REFUNDED; 11B. AMOUNT OF OVERPAYMENT YOU WANT CREDITED TO 2019 ESTIMATED TAX

2019 DECLARATION OF ESTIMATED TAXES

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

Table for 2019 declaration: 12. TOTAL INCOME SUBJECT TO TAX; 13. ESTIMATED CREDITS; 14. NET TAX DUE; 15. FIRST INSTALLMENT OF DECLARATION; 16. LESS OVERPAYMENT FROM LINE 11B ABOVE; 17. TOTAL AMOUNT DUE (ADD Lines 6 and 16)

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.

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

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

Column 1	Column 2	Column 3	Column 4 (B)
Employer, City, State	Income From Each W-2 Box 5/18	Ontario Tax Withheld	Other City Tax Withheld
A.			
B.			
C.			
D.			
<b>Totals</b>			
ENTER ON	Line 1	Line 5A	Line 5D *Limit of 1% of taxed gross earnings

\*Because of changes at federal level, 2106 deductions are no longer allowed at city level.

**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.				
<b>TOTAL (1)</b>				\$
<b>TOTAL (2)</b>				\$

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

**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.		

**AMOUNT OTHER INCOME (ADD LINES 1 – 3)** **TOTAL (3)** \$ \_\_\_\_\_

**DEDUCT LOSS CARRYFORWARD (2017 – 50%)** **DEDUCT** \$ \_\_\_\_\_

**TOTAL OTHER INCOME (ENTER ON LINE 2 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**

**2018**

<b>EXEMPTION</b>	I AM EXEMPT BECAUSE:	* Federal 1040, page 1, acceptable proof *
	<input type="checkbox"/> I AM UNDER 18 YEARS OF AGE - BIRTH DATE _____ <input type="checkbox"/> I HAD NO TAXABLE INCOME <input type="checkbox"/> ACTIVE MILITARY* <input type="checkbox"/> UNEMPLOYED <input type="checkbox"/> DISABLED <input type="checkbox"/> SOCIAL SECURITY <input type="checkbox"/> 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 2019**

**2019 ESTIMATED VOUCHER #1 – DUE APRIL 15, 2019**

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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**2019 ESTIMATED TAX VOUCHER #2 – DUE JUNE 15, 2019**

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

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

1. Payment Enclosed \$ \_\_\_\_\_ 2. Remaining Balance \$ \_\_\_\_\_

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**2019 ESTIMATED TAX VOUCHER #3 – DUE SEPTEMBER 15, 2019**

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

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

1. Payment Enclosed \$ \_\_\_\_\_ 2. Remaining Balance \$ \_\_\_\_\_

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**2019 ESTIMATED TAX VOUCHER #4 – DUE JANUARY 15, 2020**

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**