

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

2019



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, 2020.

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

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

2019

JOINT/INDIVIDUAL INCOME TAX RETURN CITY OF ONTARIO, OHIO

Jan. 1, 2019 – Dec. 31, 2019

DUE: APRIL 15, 2020

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) (ATTACH ALL W-2'S AND FEDERAL FORM 1040, PAGES 1 & 2, AND SCHEDULE 1)	1. \$ _____
2. OTHER INCOME – SEE INSTRUCTIONS (COMPLETE WORKSHEET B)	2. \$ _____
A. NET OPERATING LOSS CARRYFORWARD (COMPLETE WORKSHEET B1)	2A. -\$ _____
B. ADJUSTED OTHER INCOME (LINE 2 MINUS LINE 2A)	2B. \$ _____
3. TOTAL INCOME (SEE INSTRUCTIONS)	3. \$ _____
4. ONTARIO INCOME TAX 1.5% OF LINE 3 (LINE 3 x .015).....	4. \$ _____
5. CREDITS	
A. TAX WITHHELD BY EMPLOYER FOR CITY OF ONTARIO	5A. _____
B. ESTIMATED TAX PAID CITY OF ONTARIO	5B. _____
C. PRIOR YEAR OVER PAYMENTS	5C. _____
D. TAX PAID CITY OF _____ Not to exceed 1.0% of taxed gross earnings (Limit per each W-2)	5D. _____
E. TOTAL CREDITS (ADD A, B, C, and D)	5E. \$ _____
6. TAX DUE (LINE 4 MINUS LINE 5E)	6. \$ _____
7. LATE FILING FEE (\$25.00 EACH MONTH FILED LATE UP TO \$150.00).....	7. \$ _____
8/9. PENALTY/INTEREST (PLEASE SEE INSTRUCTIONS TO CALCULATE) IF PAID AFTER DUE DATE.....	8/9. \$ _____
10. TOTAL AMOUNT DUE (No payment or refund for amount under \$10.00)	10. \$ _____

PAYMENT OF BALANCE MUST ACCOMPANY THIS RETURN

11. OVERPAYMENT: LINE 5E MINUS LINE 4. NOT LESS THAN ZERO	11. \$ _____
11A. AMOUNT OF OVERPAYMENT YOU WANT REFUNDED	11A. \$ _____
11B. AMOUNT OF OVERPAYMENT YOU WANT CREDITED TO 2019 ESTIMATED TAX	11B. \$ _____

2020 DECLARATION OF ESTIMATED TAXES

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

12. TOTAL INCOME SUBJECT TO TAX \$ _____ MULTIPLY BY 1.5% (0.015)	12. \$ _____
13. ESTIMATED CREDITS (TAX WITHHELD, PAID BY PARTNERSHIPS, PAID TO OTHER CITIES)	13. \$ _____
14. NET TAX DUE (SUBTRACT LINE 13 FROM LINE 12)	14. \$ _____
15. FIRST INSTALLMENT OF DECLARATION (NOT LESS THAN 22.5% (0.225) OF LINE 14)	15. \$ _____
16. LESS OVERPAYMENT FROM LINE 11B ABOVE: (\$ _____) = BALANCE DUE WITH RETURN:	16. \$ _____
17. TOTAL AMOUNT DUE (ADD Lines 6 and 16) PAY THIS AMOUNT (Make Checks Payable to City of Ontario)..... 17. \$ _____	

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 ☐

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.			
Totals			
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. LINE 2 - OTHER INCOME: Attach All Federal Schedules C, E, K-1, 1099 Misc, Gambling & Lottery Winnings.****** If taxes paid to other cities, ATTACH OTHER CITIES' RETURNS ******** Business or rental losses cannot offset W-2 wages. ****

(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)				\$
TOTAL (2)				\$

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 (COMPLETE WORKSHEET B1)****DEDUCT \$** _____**TOTAL OTHER INCOME (ENTER ON LINE 2B 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.

WORKSHEET B1 – DEDUCT LOSS CARRYFORWARD

	2017	2018	2019	2020	2021	2022
NOL Carryforward						
50% of NOL						
Loss Used This Year (Limit 50%)						
Not Available for Next Year						

NET OPERATING LOSS CARRYFORWARD (ENTER ON LINE 2A OF RETURN)**DEDUCT \$** _____**(Final Return Line 3 cannot be less than zero, if you have W-2 income)**

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 2020**

2020 ESTIMATED VOUCHER #1 – DUE APRIL 15, 2020

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

2020 ESTIMATED TAX VOUCHER #2 – DUE JUNE 15, 2020

Name: _____ Last four of Soc. Sec. # _____

Address: _____ Phone Number _____

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

2020 ESTIMATED TAX VOUCHER #3 – DUE SEPTEMBER 15, 2020

Name: _____ Last four of Soc. Sec. # _____

Address: _____ Phone Number _____

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

2020 ESTIMATED TAX VOUCHER #4 – DUE JANUARY 15, 2021

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