

Income Tax Division

MORaine

4200 Dryden Rd

DUE ON OR BEFORE APRIL 18, 2016

Moraine, OH 45439

Phone: (937) 535-1026

Fax: (937) 535-1275

(A copy of the Federal Extension must be filed with city before due date)

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Website: www.ci.moraine.oh.us

Taxpayer(s) Name and Address Copy of Federal 1040 Required	Mandatory filing for ALL Residents Partial Year Resident From _____ to _____ Prior Address: _____	Primary SSN _____ - _____ - _____ Joint SSN _____ - _____ - _____ Phone # _____
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Part A	Tax Calculation	Did you file a Return Last Year? YES NO If no, please explain:
1.	Total Qualifying Wages (generally found in Box 5 of Form W-2) (Attach W-2 Forms) For multiple W-2's complete Worksheet A on page 2	1 \$ _____
2.	Other Income or (loss) From gambling income, Federal Schedules C, E, F, K-1, 1099-MISC (See Worksheet B Line 6) (Attach all copies of all Federal Schedules)	2 \$ _____
3.	Moraine Taxable Income (line 1 plus Line 2). losses on Line 2 do not offset W-2 Income from Line 1	3 \$ _____
4.	Moraine Income Tax (Multiply Line 3 by 2.5% [.0250])	4 \$ _____
5a.	Moraine Tax Withheld	5a \$ _____
5b.	Other City Taxes Paid (Credit limited to 2.5%)	5b \$ _____
5c.	Estimates Paid	5c \$ _____
5d.	Prior Year Credit	5d \$ _____
6.	Total Payments and Credits (Total of Lines 5a through 5d))	6 \$ _____
7.	Balance Due (If Line 6 is less than Line 4, enter balance due)	7 \$ _____
8.	\$25.00 Failure to File Penalty Due (assessed when return is not filed by the due date)	8 \$ _____
9.	Total Due (Total of Lines 7 & 8)	9 \$ _____
10.	Overpayment (If Line 6 is greater than 4, enter overpayment) a. Amount to be refunded \$ _____ b. Credit to next year \$ _____ (Amounts less than \$1.00 will not be refunded) (Attach Refund Request form)	10 \$ _____

Part B Declaration of Estimated Tax for 2016 - Required if estimated tax liability is \$200 or greater

11.	Total estimated income subject to tax \$ _____ Multiply by Tax Rate of 2.5%	11 \$ _____
12.	Estimated Taxes Withheld from Wages	12 \$ _____
13.	Tax due after Withholding (line 11 minus Line 12) STOP if this amount is less than \$0.00	13 \$ _____
14.	Less credits (from Line 10b above)	14 \$ _____
15.	Net estimated tax due (Line 13 minus 14 if greater than zero)	15 \$ _____
16.	Amount paid with this declaration (not less than 1/4 of Line 15)* *Subsequent estimated payments are due by the 15th of June, September and December	16 \$ _____
17.	TOTAL AMOUNT DUE - Combine Line 9 above with Line 16 (Payable to the City of Moraine)	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

SIGNATURE OF PREPARER

NAME AND ADDRESS OF PREPARER

DATE

PHONE NUMBER

SIGNATURE OF TAXPAYER

SIGNATURE OF JOINT

DATE

DATE

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-2S USED TO COMPUTE YOUR INCOME/WITHHOLDINGS

City of Employment	Employer	Wages (W-2 Box 5)	Moraine Tax Withheld (W-2 Box 19)	Other City Tax Withheld (Not to exceed 2.5%)
TOTALS		1a. _____	1b. _____	1c. _____
		Enter Total on Pg 1 Line 1	Enter Total on Pg 1 Line 5a	Enter Total on Pg 1 Line 5b

WORKSHEET B - BUSINESS INCOME or LOSS
ATTACH COPIES OF FEDERAL FORMS AND SCHEDULES USED TO COMPUTE RETURN

	Schedules	Column A Income/Loss from Federal Schedules	Column B Moraine %	Moraine Taxable Income Column A x Column B
1.	Schedule C - Business 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 Moraine properties)	\$ _____	100%	\$ _____
3.	Schedule K-1 - Partnership Income (Residents enter profit/loss from entities that do not withhold Moraine tax on entire distributive share)	\$ _____	100%	\$ _____
4.	Miscellaneous Income - Gambling Income, 1099-MISC, W-2G, Schedule F, etc	\$ _____	%	\$ _____
5.	NOL Carry Forward (Attach worksheet and enter as a loss)			\$ _____
6.	Total Income/Loss (Combine Lines 1 through 5 and enter this amount on Pg 1 Line 2)			\$ _____

SCHEDULE Y - BUSINESS APPORTIONMENT FORMULA

To be completed by all **Non-Residents** who earn a portion of their net profits in Moraine

	a. Located Everywhere	b. located in Moraine	c. Percentage (b ÷ a)
Step 1. Original Cost of Real and Tangible Personal Property Gross Annual Rentals Paid Multiplied by 8 TOTAL STEP 1	_____	_____	_____ %
Step 2. Wages, Salaries, & Other Compensation Paid	_____	_____	_____ %
Step 3. Gross Receipts from Sales Made and/or Work or Services performed	_____	_____	_____ %
Step 4. Total Percentages (Add Percentages from Steps 1-3)			_____ %
Step 5. Apportionment Percentage (Divide Total Percentage by Number of Percentages Used)			_____ %