

FEDERAL EXTENSION REQUESTS MUST BE ATTACHED TO YOUR RETURN.

I AM NOT REPORTING ANY INCOME ON THIS RETURN BECAUSE:

ACTIVE DUTY MILITARY ONLY INCOME IS FROM NON-TAXABLE SOURCE, LIST SOURCE _____

NO EMPLOYMENT THIS YEAR MOVED FROM MIDDLETOWN ON _____ LIST DATE _____

UNDER 18 YEARS OF AGE, TAXPAYER DECEASED, LIST DATE OF DEATH: _____

DATE OF BIRTH _____ 65 YEARS OR OLDER, NON-TAXABLE INCOME ONLY. DATE OF BIRTH _____

IF NAME OR ADDRESS IS INCORRECT MAKE NECESSARY CHANGES
 (LIST BOTH NAMES & SOCIAL SECURITY NUMBERS IF FILING A JOINT RETURN)

EMAIL: _____

TAXPAYER SSN: _____

SPOUSE SSN: _____

PHONE - HOME: _____ BUSINESS: _____

IF YOU MOVED DURING THE YEAR YOU MUST COMPLETE LINES BELOW

DATE OF MOVE: _____

PRESENT ADDRESS: _____

OLD ADDRESS: _____

1. QUALIFYING WAGES, SALARIES, TIPS AND OTHER EMPLOYEE COMPENSATION (ATTACH ALL W-2 FORMS)	1.	
2. INCOME OTHER THAN WAGES FROM WORKSHEETS ON REVERSE - LOSS 2a <input type="text"/> OR PROFIT	2b.	
3. TOTAL INCOME (ADD BOX 1 AND 2b)	3.	
4. MIDDLETOWN TAX - BOX 3 MULTIPLIED BY 1.75%	4.	
5. a. MIDDLETOWN TAX WITHHELD	5a.	
b. CREDIT FOR OTHER CITY TAX WITHHELD (not to exceed 1.75%) WORKSHEET ON BACK	5b.	
c. SUBTOTAL OF CREDITS - ADD 5a AND 5b	5c.	
d. ESTIMATE PAYMENTS	5d.	
e. PRIOR YEAR CREDIT CARRIED FORWARD	5e.	
f. TOTAL OF CREDITS - ADD 5c, 5d, AND 5e	5f.	
6. IF BOX 4 IS GREATER THAN BOX 5F ENTER BALANCE DUE	TAX DUE 6.	
NO TAX DUE OR REFUNDED IF LESS THAN \$10.01		
7. IF BOX 5f IS GREATER THAN BOX 4 ENTER OVERPAYMENT	7.	
a. AMOUNT TO REFUND _____ OR b. CREDIT TO NEXT YEAR _____		

NOTICE: By law, all refunds and credits in excess of \$10.00 are reported to IRS.
INCLUDE A COPY OF YOUR 1040, PAGE 1

DECLARATION OF ESTIMATED TAX FOR YEAR 2017

8. TOTAL ESTIMATED 2017 INCOME \$ _____ MULTIPLY BY TAX RATE 1.75% = TOTAL 2017 ESTIMATED TAX	8.	
9. ESTIMATED WITHHOLDINGS:		
a. ESTIMATED TAX TO BE WITHHELD BY EMPLOYER(S) FOR CITY OF MIDDLETOWN	9a.	
b. ESTIMATED TAX, NOT OVER 1.75%, WITHHELD FOR OR PAYABLE TO OTHER CITIES	9b.	
10. ESTIMATED TAX NOT WITHHELD BY EMPLOYERS (LINE 8 MINUS LINES 9a, 9b) (IF LESS THAN \$200, NO ESTIMATE DUE)	10.	
11. TAX OVERPAYMENT FROM PREVIOUS TAX YEAR: ENTER AMOUNT FROM LINE 7b.	11.	
12. TOTAL ESTIMATED TAX DUE AND PAYABLE TO MIDDLETOWN DURING 2017 (LINE 10 MINUS LINE 11). (LAST DATE TO PAY ESTIMATED TAX WITHOUT PENALTY AND INTEREST IS DECEMBER 15, 2016)	12.	
13. a. TOTAL DUE: TAX DUE FOR 2016 (BOX 6) \$ _____ b. PLUS 1/4 2017 ESTIMATED TAX (BOX 12) \$ _____	13.	

The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated. 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

 Taxpayer Signature Date

 Spouse's signature (if filing jointly, BOTH must sign even if only one had income.) Date

 Tax Preparer (Print name and phone if other than taxpayer)

FOR OFFICE USE ONLY - PENALTY & INTEREST

FAILURE TO PAY ESTIMATE BY DEC 15 \$ _____

FAILURE TO PAY TAX DUE BY APRIL 18 _____

FAILURE TO FILE BY APRIL 18 _____

TOTAL PENALTY & INTEREST _____

GRAND TOTAL \$ _____

INCOME OTHER THAN WAGES

A. INCOME FROM ANY BUSINESS OWNED (ATTACH FEDERAL SCHEDULE C)	A.	
B. RENTS, ROYALTIES, PARTNERSHIPS, ESTATES, TRUSTS, ETC. (ATTACH FEDERAL SCHEDULE E & FORM(S) K-1) ..	B.	
C. OTHER INCOME (ATTACH APPROPRIATE FEDERAL SCHEDULE OR 1099-MISC.)	C.	
D. TOTAL OTHER INCOME (BOXES A, B & C) IF LOSS, STOP HERE AND ENTER IN BOX 2a. IF PROFIT CONTINUE TO BOX E.	D.	
E. PRIOR YEARS LOSSES (LIMITED TO LAST 5 YEARS) MAY NOT EXCEED BOX D	E.	
F. NET OTHER TAXABLE INCOME (BOX D LESS BOX E) ENTER IN BOX 2b, PAGE 1	F.	

TAX WITHHELD WORKSHEET

Column 1	Column 2	Column 3	Column 4	Column 5
LIST ALL CITIES EXCEPT MIDDLETOWN	QUALIFYING WAGES ETC. (USUALLY BLOCK 18 OF THE W-2)	TAX WITHHELD	1.75% OF COLUMN 2	LESSER OF COLUMN 3 OR COLUMN 4
TOTAL ALLOWED:		CARRY TOTAL OF COLUMN 5 TO LINE 5b, PAGE 1		

CREDIT CARD PAYMENT

1. Circle One:
2. Account Number (16 digits) _____
3. Expiration Date: _____
4. Amount to be Paid: \$ _____
5. Your Signature for Authorization: _____

PENALTY AND INTEREST CHARGES

FAILURE TO FILE BY APRIL 18: \$25 PER MONTH (MAXIMUM \$150)

FAILURE TO PAY THE REQUIRED ESTIMATE BY DEC 15 ON BALANCES GREATER THAN \$200
PENALTY: 15% OF TAX DUE

FAILURE TO PAY TAX DUE BY APRIL 18:
INTEREST: FEDERAL SHORT-TERM RATE (ROUNDED) + 5%
PENALTY: 15% OF TAX DUE

HAVE YOU BEEN AUDITED BY IRS IN THE PAST YEAR? (YOU ARE REQUIRED TO NOTIFY US.)
 _____ Yes _____ No

INCLUDE A COPY OF YOUR 1040, PAGE 1