

EXTENSION REQUESTS MUST BE RECEIVED BEFORE APRIL 15, 2015

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 16 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)

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.	
(ATTACH FEDERAL SCHEDULES AND/OR 1099 MISC)		
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.	
CHECK PAYABLE TO MIDDLETOWN INCOME TAX DIVISION		
(SEE REVERSE FOR CREDIT CARD PAYMENT)		
7. IF BOX 5f IS GREATER THAN BOX 4 ENTER OVERPAYMENT	7.	
a. AMOUNT TO REFUND _____ OR b. CREDIT TO NEXT YEAR _____		

**NO TAX DUE OR REFUNDED
 IF LESS THAN \$3.00**

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 2015

8. TOTAL ESTIMATED 2015 INCOME \$ _____ MULTIPLY BY TAX RATE 1.75% = TOTAL 2015 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 \$100, 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 2015 (LINE 10 MINUS LINE 11).	12.	
(LAST DATE TO PAY ESTIMATED TAX WITHOUT PENALTY AND INTEREST IS JANUARY 31, 2016)		
13. a. TOTAL DUE: TAX DUE FOR 2014 (BOX 6) \$ _____ b. PLUS 1/4 2014 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 JAN 31 \$ _____

FAILURE TO PAY TAX DUE BY APRIL 15 _____

FAILURE TO FILE BY APRIL 15 _____

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 15: \$10 IN MAY, \$25 THEREAFTER

FAILURE TO PAY THE REQUIRED ESTIMATE BY JANUARY 31 ON BALANCES GREATER THAN \$100:

INTEREST: 1% PER MONTH

PENALTY: 2% PER MONTH OR \$25, WHICHEVER IS GREATER

FAILURE TO PAY TAX DUE BY APRIL 15:

INTEREST: 1% PER MONTH

PENALTY: 2% PER MONTH OR \$25, WHICHEVER IS GREATER

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