

## 2024 - CITY OF MIDDLETOWN INDIVIDUAL INCOME TAX - 2024

Form IR File with  
CITY OF MIDDLETOWN  
INCOME TAX DIVISION  
P.O. Box 428739  
Middletown, Ohio 45042

FILING REQUIRED BY ALL RESIDENTS 18 YEARS OR OLDER EVEN IF NO TAX DUE  
FILE ON OR BEFORE APRIL 15, 2025

ACCOUNT

(513) 425-7862  
www.cityofmiddletown.org

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 \_\_\_\_\_

NAME & PRESENT ADDRESS  
(LIST BOTH NAMES & SOCIAL SECURITY NUMBERS, ONLY 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 IN: \_\_\_\_\_ OUT: \_\_\_\_\_  
 \_\_\_\_\_  
 OLD ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_

- |  |                   |  |
|--|-------------------|--|
| 1. QUALIFYING WAGES, SALARIES, TIPS AND OTHER EMPLOYEE COMPENSATION (ATTACH ALL W-2 FORMS) (USUALLY BOX 5 OF W2)                                 | 1.                |  |
| 2. INCOME OTHER THAN WAGES FROM WORKSHEETS ON REVERSE - LOSS 2a _____ OR PROFIT _____  | 2b.               |  |
| 3. TOTAL INCOME (ADD BOX 1 AND 2b)   | 3.                |  |
| 4. MIDDLETOWN TAX - BOX 3 MULTIPLIED BY 2.0%   | 4.                |  |
| 5. a. MIDDLETOWN TAX WITHHELD  | 5a.               |  |
| b. CREDIT FOR OTHER CITY TAX WITHHELD (not to exceed 2.0%) 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<br>CHECK PAYABLE TO MIDDLETOWN INCOME TAX DIVISION<br>(SEE REVERSE FOR CREDIT CARD PAYMENT) | <b>TAX DUE</b> 6. |  |
| 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 2025

- |  |     |  |
|--|-----|--|
| 8. TOTAL ESTIMATED 2025 INCOME \$ _____ MULTIPLY BY TAX RATE 2.0% = TOTAL 2025 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 2.0%, 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 2025 (LINE 10 MINUS LINE 11)<br>(LAST DATE TO PAY ESTIMATED TAX WITHOUT PENALTY AND INTEREST IS JANUARY 15, 2026) | 12. |  |
| 13. a. TOTAL DUE: TAX DUE FOR 2024 (BOX 6) \$ _____ b. PLUS 1/4 2025 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 &amp; INTEREST

FAILURE TO PAY ESTIMATE BY JAN 15 \$ \_\_\_\_\_

FAILURE TO FILE BY APRIL 15 \$ \_\_\_\_\_

FAILURE TO PAY TAX DUE BY APRIL 15 \$ \_\_\_\_\_

INTEREST \$ \_\_\_\_\_

PENALTY \$ \_\_\_\_\_

TOTAL PENALTY &amp; 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 ALLOWABLE (LIMITED TO 5 YEARS) .....	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	2.0% 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: \_\_\_\_\_

\*A fee of 2% or a minimum of \$1.99 will be applied to all credit / debit card payments

**A fee of 2% or a minimum of \$1.50 will be applied to all credit / debit card payments**

### PENALTY AND INTEREST CHARGES

#### PENALTY AND INTEREST WILL BE CALCULATED BY THE TAX DEPARTMENT

FAILURE TO FILE BY APRIL 15: \$25

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

FAILURE TO PAY TAX DUE BY APRIL 15:  
MONTHLY INTEREST: FEDERAL SHORT-TERM RATE ROUNDED TO THE NEAREST WHOLE NUMBER PERCENT-  
5% + 5% ANNUM = 10% ÷ 12 (=0.83% PER MONTH)  
PENALTY: 15% OF TAX DUE

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

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