

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

FEDERAL EXTENSION REQUESTS MUST BE ATTACHED TO YOUR RETURN.

ACCOUNT

(513) 425-7862

www.cityofmiddletown.org

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. <input type="checkbox"/>
2. INCOME OTHER THAN WAGES FROM WORKSHEETS ON REVERSE - LOSS 2a (ATTACH FEDERAL SCHEDULES AND/OR 1099 MISC)	OR PROFIT	2b. <input type="checkbox"/>
3. TOTAL INCOME (ADD BOX 1 AND 2b)		3. <input type="checkbox"/>
4. MIDDLETOWN TAX - BOX 3 MULTIPLIED BY 2.0%		4. <input type="checkbox"/>
5. a. MIDDLETOWN TAX WITHHELD		5a. <input type="checkbox"/>
b. CREDIT FOR OTHER CITY TAX WITHHELD (not to exceed 2.0%) WORKSHEET ON BACK		5b. <input type="checkbox"/>
c. SUBTOTAL OF CREDITS - ADD 5a AND 5b		5c. <input type="checkbox"/>
d. ESTIMATE PAYMENTS		5d. <input type="checkbox"/>
e. PRIOR YEAR CREDIT CARRIED FORWARD		5e. <input type="checkbox"/>
f. TOTAL OF CREDITS - ADD 5c, 5d, AND 5e.		5f. <input type="checkbox"/>
6. IF BOX 4 IS GREATER THAN BOX 5f ENTER BALANCE DUE	NO TAX DUE OR REFUNDED IF LESS THAN \$10.01	TAX DUE 6. <input type="checkbox"/>
7. IF BOX 5f IS GREATER THAN BOX 4 ENTER OVERPAYMENT		7. <input type="checkbox"/>
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. <input type="checkbox"/>
9. ESTIMATED WITHHOLDINGS:		
a. ESTIMATED TAX TO BE WITHHELD BY EMPLOYER(S) FOR CITY OF MIDDLETOWN		9a. <input type="checkbox"/>
b. ESTIMATED TAX, NOT OVER 2.0%, WITHHELD FOR OR PAYABLE TO OTHER CITIES		9b. <input type="checkbox"/>
10. ESTIMATED TAX NOT WITHHELD BY EMPLOYERS (LINE 8 MINUS LINES 9a, 9b) (IF LESS THAN \$200, NO ESTIMATE DUE)		10. <input type="checkbox"/>
11. TAX OVERPAYMENT FROM PREVIOUS TAX YEAR: ENTER AMOUNT FROM LINE 7b.		11. <input type="checkbox"/>
12. TOTAL ESTIMATED TAX DUE AND PAYABLE TO MIDDLETOWN DURING 2025 (LINE 10 MINUS LINE 11).		12. <input type="checkbox"/>
13. a. TOTAL DUE: TAX DUE FOR 2024 (BOX 6) \$	b. PLUS 1/4 2025 ESTIMATED TAX (BOX 12) \$	13. <input type="checkbox"/>

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 15 \$ _____

FAILURE TO FILE BY APRIL 15 \$ _____

FAILURE TO PAY TAX DUE BY APRIL 15

INTEREST \$ _____

PENALTY \$ _____

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 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:   

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

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 \$1.50 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

INCLUDE A COPY OF YOUR 1040, PAGE 1