

CITY OF IRONTON INCOME TAX RETURN – TAX YEAR 2023 INDIVIDUAL OR BUSINESS

C	alendaı	Year:	- or -	Fisca	l Year (Bus	,		eral Extension		ency Status				Non-Resid		
_						_ i	f filed after A	pril 18**	Рап Ү	rear Reside	ent: From _		10			
				E	DUE ON	APRIL	18 – FILIN	NG IS REQ	UIRED E	VEN IF N	NO TAX	IS DUE				
Υ	our first	name	and mid	dle initia	al		Last name or Business name					Phone				
lf	joint re	turn, sp	ouse's f	irst nam	ne middle ii	nitial	Last name						Phone			
S	treet Ac	ddress								City			State	Zip		
Α	ccount	Numbe	r						Taxpayer Social Security Number							
Spouse Social Security Number							Business / Federal ID Number									
1	POV E	MEDICA	DE WAC	EC CALA	DIEC TIDE I	20V 1016	CAL WACES I	ETC • OTHER	EMPLOYEE CO	OMDENIC ATIO	ON (INCOME	OF ANY K	IND	1 ¢	-1	
١.								ETC. & OTHER I /-2'S AND COP			JN (INCOME	OFANIK	IND	1. \$		
2.	MUST BE INCLUDED FOR CITY TAX PURPOSES) *** ATTACH ALL W-2'S AND COPY OF FEDERAL RETURN OTHER TAXABLE INCOME FROM FEDERAL SCHEDULE C, E, K-1, 1099-MISC - ATTACH ALL SCHEDULES Operating loss cannot offset wages 2. \$															
3.	IF YOU, THE TAXPAYER, ARE A FULL-TIME STUDENT AND RESIDENT UNDER THE AGE OF 26 - APPLY THE STUDENT EXEMPTION - \$3000.00 3. \$															
	*** ATTACH COPY OF STUDENT INFORMATION AND I.D. WITH BIRTH DATE FOR THE STUDENT EXEMPTION															
	TAXABLE INCOME: LINE 1 PLUS LINE 2 MINUS LINE 3 IF APPLICABLE															
5.	IRONT	RONTON TAX LIABILITY (1% OF LINE 4)										5. \$				
6.		CREDITS (Each W-2 stands independent) A. IRONTON INCOME TAX WITHHELD BY EMPLOYER(S)														
												- 1				
								••••••								
7.														V- Y		
7. IF LINE 5 IS GREATER THAN LINE 6D PAYMENT OF BALANCE MUST ACCOMPANY THIS RETURN IF OVER \$10.00 7. TAX DUE (OVERPAYMENT)LINE 5 MINUS 6D \$																
*P	*PENALTIES & INTEREST CHANGES AS PER OHIO HB5															
	* A. LAT	E FILING PE	NALTY-AFTE	R DUE DATE	, (APRIL 18) WIL	L BE \$25.00 .		•••••				7A\$_				
							·									
				•	,		•	NOT PAID BY APRIL	•							
_																
8.	OVERP.	AYMENT	, IF OVE	R \$10.00	•			OR				_ TO NEXT	YEAR ESTIM	IATE		
					NO PAT	MENI OR	KEFUND / CI	REDIT FOR AN	100N1 \$10.0	JO OK LESS						
			,				,	ESS OF \$10.								
	I CERTIFY THAT I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT COMPLETE. IF PREPARED BY A PERSON OTHER THAN TAXPAYER, THE DECLARATION BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE.											LORRECT AND				
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	X						T		-00					DUI ON IEN IO		
	SIGNA	TURE OF	PERSON	N PREPAR	RING IF OTH	IER THAN	TAXPAYER	ADDRE	:SS		DATE			PHONE NO.		
	X															
		TURE OF	TAXPAY	'ER OR A	GENT			ADDRE	SS		DATE			PHONE NO.		
		DECLARATION OF ESTIMATED TAX FOR 2022														
											==			4 *		
								NCOME SUBJECT TO IRONTON INCOME TAX								
	2. IRONTON INCOME TAX (1% OF AMOUNT SHOWN ON LINE 1)															
	LESS OVERPAYMENT/CREDIT FROM PREVIOUS YEAR & EST. OF EMPLOYER WITHHOLDINGS . NET ESTIMATED TAX															
						5. AMOI	JNT DUE WITH	H DECLARATIO	N (1/4 OF LI	NE 4)	•••••		••••••	5. \$		

