Whitehall Income Tax Division 360 S Yearling Rd Whitehall OH 43213-1894 (614)

2013 INDIVIDUAL W-1040 WHITEHALL CITY INCOME TAX RETURN

FOR OFFICE USE ONLY

(614) 237-9803 Fax Website: www.white	(614) 237-7902 FILING I	ON OR BEFORE: APRIL 15, 2014 REQUIRED EVEN IF NO TAX DUE	PMT \$ CHECK #			
PROVIDE NAME AND CURRENT ADDRESS: (LIST BOTH NAMES AND SOCIAL SECURITY NUMBER IF FILING JOINTLY)		SOCIAL SECURITY #	CASH CK MO CHG FAX MAIL OFC CDB U/DR			
Account Number		SPOUSE SOCIAL SECURITY #	DATE INIT. BATCH #			
Name			TO PAY BY CREDIT CARD			
Spouse		Resident Date moved in Non Resident Date moved out	ONLINE OR BY PHONE			
Address		Sole Proprietor □	www.whitehall-oh.us.tax/htm			
City/State/Zip Email		Provide Old Address:	(877) 360-3472			
		City of Residence	Paymentus, the service provider, charges a nominal fee for this service			
FILING STATUS		ne had income). Did you file a joint or separate returnouse's social security number above and full name he				
INCOME	**W-2S, 1099S, FEDERAL SCHEDULES 1. Total W-2 wages. For multiple W-2s, of the control of the c	1 \$				
TAX	8. WHITEHALL INCOME TAX. MULTIPLY	LINE 7 BY 2.5%	8 \$			
TAX WITHHELD, PAYMENTS AND CREDITS	9. Whitehall income tax withheld. From V 10. Prior year credits 11. Estimated payments 12. Credit for taxes withheld to other cities (lir.) 13. Credit for taxes paid to other cities (lir.)	WITH W-2S OR OTHER CITY RETURNS. W-2 and worksheet A on reverse 9 \$				
BALANCE DUE, REFUND OR CREDIT	PENALTY/INTEREST (see instructions 16. A. Late filing penalty (\$25) B. Lat 17. Interest: '13F (14, enter balance due here	. (\$10) 16 \$ 17 \$ 18 \$			
ESTIMATE FOR 2014 *** DUE 4-15-2014 NO EXTENSION ALLOWED	22. Total income subject to tax \$	TO 100% WITHHOLDING OF WHITEHALL TAX, NO	5 (.025)			
TAX DUE		(No tax due if less than \$5.00)9. MAKE CHECKS PAYABLE TO CITY OF WHITEH				

*First Quarter Estimate should be paid with this return. Use enclosed voucher forms to make 2nd, 3rd and 4th quarter payments.

NAME AND ADDRESS OF PREPARER	TELEPHONE NUMBER	SIGNATURE OF SPOUSE (IF JOINT RETURN)	TELEPHONE NUMBER
SIGNATURE OF PREPARER, IF OTHER THAN TAXPAYER	DATE	SIGNATURE OF TAXPAYER	DATE
I DECLARE THAT I HAVE EXAMINED THIS RETUR MY KNOWLEDGE AND BELIEF, IT IS TRUE, CORF		NYING W-2S, SCHEDULES AND STATEMENTS A	AND TO THE BEST OF
	,	, , ,	proparation or time rotains
☐ If this return was prepared by a tax practitioner,			

WORKSHEET A	SAI	LARIES,V	VAGES, TI	PS AND C	OTHER EMPLOYEE COM	MPENSAT	TON
COLUMN 1	COLUM	N 2	COLU	JMN 3	COLUMN 4	COLUN	/IN 5
CITY WHERE EMPLOYED	INCOME FRO LOCAL \			PENSES, ANY	WHITEHALL TAX WITHHELD	*OTHER C	
A.							
В.							
C.							
D.							
E. TOTALS							
ENTER ON:	PAGE 1 LI	NE 1	PAGE 1	LINE 2	PAGE 1 LINE 9	PAGE 1 L	
*Income reduced by 2106 and	earned in another	city must also	reduce the tax	withheld for th	nat city by the same percentage.		
1. SCHEDULE C - SELF EM	IPLOYMENT INCC	ME (Must rep	ort net profit a	nd/or loss) (Atta	ach Federal Schedule C)		
Business Name				Business Ad	ldress		
Kind of Business				Date Started	Date E	Inded	
					ng credit for tax paid to another hitehall tax.)	\$	
B. Percentage Amount Allow	able to the Munici	pality (Attach	allocation calcu	ılation)		\$	
					Total		
taxpayer is engaged in two or r	more taxable busir eparately reportable	ness activities	to be included	on the same re	ges, commissions or other compens eturn, the net loss of one unincorpor- ing entity) may be used to offset the	ated business	activity
2. SCHEDULE E - INCOME	FROM RENTS [A	Attach Federa	al Schedule E(s)]			
KIND AND EXACT LOCA (LOSSES WITHOUT EXACT LOCA		LOWED)	NET PROFIT OR (LOSS)		KIND AND EXACT LOCATION OF PROPERTY WITHOUT EXACT LOCATION WILL BE DISAL		NET PROFIT OR (LOSS)
TENANT NAME				TENANT NAME			
ADDRESS				ADDRESS			
CITY, STATE, ZIP				CITY, STATE, ZIP			
TENANT NAME				TENANT NAME			
ADDRESS				ADDRESS			
CITY, STATE, ZIP				CITY, STATE, ZIP			
Please see unincorporated business activ	rity in instructions.			List on a separate	e sheet if more than 4 properties		
3. SCHEDULE 0 - OTHER I	NCOME NOT INC	LUDED IN SO	CHEDULES C	OR E (SUBSTA	ANTIATION MUST BE ATTACHED)		
as well as copies of other city r MISCELLANEOUS INCOME recei	eturns to substant ved such as lottery/	iate credit aga gambling winni	ainst tax due W ngs, tips (Not alı	hitehall on the eady included ir	(attach copies of all applicable sche same income. n wages) prizes and cash awards resulti Misc, Sub-contract income, etc., that is	ing from work-r	elated activitie
RECEIVED FROM NAME	/I.D. NUMBER	(APPLICA			AND/OR LOCATION OCATIONS WILL BE DISALLOWED	D) A	MOUNT
A.							
В.							
	I .				Total	I (2) &	
					Total		
				TOTAL	L OTHER INCOME (Add sections 1 Enter on Page 1, sectio	•	
SCHEDULE X - ADJUSTME	NT TO INCOME (F	Part year residen	ts and income no	ot subject to tax)			
Part year residents (Wages earr Whitehall or actual earnings wit				ated income – t	take total income divided by 12 x # o	of months not	a resident o
Under 18 for all or part of the y Employment dates://_ to					of age. Birth date://_ yed for each W2 including month, day	y & year. CC	DLUMN 1
	EXPI	LANATION				DEC	DUCTIONS
Total adjustment							

MAKE CHECK OR MONEY ORDER TO:

CITY OF WHITEHALL, INCOME TAX DIVISION 360 SOUTH YEARLING ROAD WHITEHALL, OHIO 43213-1894 (614) 237-9803, FAX (614) 237-7902

CITY OF WHITEHALL, OHIO QUARTERLY NOTICE OF INSTALLMENT **DUE ON ESTIMATED TAX DECLARED**

PAID CHECK WILL BE YOUR RECEIPT - DO NOT REMIT CASH BY MAIL

VOUCHER 4

INDIVIDUALS - DUE JANUARY 31 OTHERS - DUE 15TH DAY OF 12TH MONTH

NAME(S) AND ADDRESS:	
Account Number	
Name	
Spouse	
Address	
City/State/Zip	
Email	

SOCIAL SECURITY NUMBER OR FEDERAL TAX I.D. NUMBER:

TOTAL ESTIMATED TAX DECLARED:

\$

QUARTERLY PAYMENT ENCLOSED:

\$

TO PAY BY CREDIT CARD ONLINE OR BY PHONE



www.whitehall-oh.us.tax/htm • (877) 360-3472

Paymentus, the service provider, charges a nominal fee for this service

Q-1 NOTIFY INCOME TAX DIVISION PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS SHOWN ABOVE.

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VOUCHER 3

INDIVIDUALS - DUE OCTOBER 31 OTHERS - DUE 15TH DAY OF THE 9TH MONTH

NAME(S) AND ADDRESS: Account Number Name Spouse Address City/State/Zip Email

Q-1 NOTIFY INCOME TAX DIVISION PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS SHOWN ABOVE

SOCIAL SECURITY NUMBER OR FEDERAL TAX I.D. NUMBER:

TOTAL ESTIMATED TAX DECLARED:

\$

QUARTERLY PAYMENT

\$

TO PAY BY CREDIT CARD ONLINE OR BY PHONE





Card VISA

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VOUCHER 2

INDIVIDUALS - DUE JULY 31 OTHERS - DUE 15TH DAY OF THE 6TH MONTH

•		
	NAME(S) AND ADDRESS:	
	Account Number	
	Name	
	Spouse	
	Address	
	City/State/Zip	
	Email	

SOCIAL SECURITY NUMBER OR FEDERAL TAX I.D. NUMBER:

TOTAL ESTIMATED TAX DECLARED:

\$

QUARTERLY PAYMENT

\$

TO PAY BY CREDIT CARD ONLINE OR BY PHONE





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