

# CITY OF AMHERST

480 PARK AVENUE, AMHERST, OH 44001  
**DUE DATE APRIL 15, 2008**

# 2007

OR

FISCAL YEAR FILERS MUST FILE ON OR BEFORE THE 15TH DAY OF THE FOURTH MONTH AFTER THE CLOSE OF THAT FISCAL YEAR.

FISCAL PERIOD \_\_\_\_\_ TO \_\_\_\_\_

Your Name and Address as they appear on our records: Make any Necessary Corrections

INCOME TAX DEPARTMENT  
 (440) 988-4212 FAX (440) 988-3749  
 On-line tax preparation tool now available at:  
[www.amherstohio.org](http://www.amherstohio.org) PIN:

FOR INCOME TAX DEPARTMENT USE ONLY

TAX \_\_\_\_\_ AUD \_\_\_\_\_  
 INT/PEN \_\_\_\_\_ CK NO. \_\_\_\_\_  
 TOTAL \_\_\_\_\_  
 PAID \_\_\_\_\_  
 DUE \_\_\_\_\_ CR TO 2008 \_\_\_\_\_ REFUND \_\_\_\_\_

FULLY RETIRED WITH NO EARNED INCOME

Date \_\_\_\_\_

IF YOU MOVED DURING THE TAX YEAR, COMPLETE THIS BLOCK

Date moved into Amherst \_\_\_\_\_

Previous Address \_\_\_\_\_

Date moved out of Amherst \_\_\_\_\_

Present Address \_\_\_\_\_

Your Social Security No. or Federal ID \_\_\_\_\_

Spouse's Social Security No. \_\_\_\_\_

## W-2 WORKSHEET

## SEE INSTRUCTIONS BEFORE COMPLETING

COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5
CITY WHERE EMPLOYED	GROSS WAGES—HIGHEST WAGE ON W-2	2106 EXPENSES, REDUCES CREDIT ALLOWED IN COL. 5	AMHERST TAX WITHHELD	OTHER CITY TAX WITHHELD LIMIT 1% OF COL. 2 MINUS COL. 3
A.				
B.				
C.				
D.				
E. TOTALS				

ATTACH A COPY OF 1040 (1ST PG. ONLY), ALL APPLICABLE W-2S, FEDERAL SCHEDULES, EXPLANATIONS ETC...

<b>INCOME</b>	1. Total W-2 wages from column 2 .....	1	\$	
	2. 2106 Expenses from column 3 .....	2	\$	
	3. TAXABLE WAGES. SUBTRACT LINE 2 FROM LINE 1 .....	3	\$	
	4. Other income. From schedule C, E or H on reverse .....	4	\$	
	5. TOTAL AMHERST INCOME. ADD LINES 3 AND 4 .....	5	\$	
<b>TAX WITHHELD, PAYMENTS AND CREDITS</b>	6. AMHERST INCOME TAX. MULTIPLY LINE 5 BY 1-1/2% (.015) .....	6	\$	
	7. Amherst income tax withheld from column 4 .....	7	\$	
	8. Prior year credits .....	8	\$	
	9. Estimated payments .....	9	\$	
	10. Credit for taxes withheld to other cities from column 5.....	10	\$	
	11. Credit for taxes paid to other cities (limit 1%). See instructions .....	11	\$	
	12. TOTAL PAYMENTS AND CREDITS. ADD LINES 7 THROUGH 11 .....	12	\$	
	13. <b>BALANCE DUE.</b> If line 6 is more than 12, enter balance due here .....	13	\$	
	14. Late Filing Penalty. \$25, if applicable .....	14	\$	
	15. Interest. 1-1/2% per month, if applicable .....	15	\$	
	16. <b>TOTAL DUE.</b> Add lines 13 through 15. Carry to line 26 below (No tax due if less than \$3.00).....	16	\$	
	17. <b>OVERPAYMENT.</b> If line 6 is less than line 12, enter overpayment here ..	17	\$	
18. AMOUNT FROM LINE 17 TO BE REFUNDED (No refund if less than \$3.00) ....	18	\$		
19. AMOUNT FROM LINE 17 TO BE CREDITED TO NEXT YEAR .....	19	\$		
<b>ESTIMATE FOR NEXT YEAR</b>	DECLARATION OF ESTIMATED TAX FOR 2008 (NOT MANDATORY)			
	20. Total estimated income subject to tax \$ _____ Multiply by tax rate of 1-1/2% (.015) .....	20	\$	
	21. Subtract any estimated income tax to be withheld or paid to other cities (limit 1% of wages) .....	21	\$	
	22. Balance of city income tax declared. Subtract line 21 from line 20 .....	22	\$	
	23. Tax due before credits. Enter at least 25% of line 22.....	23	\$	
	24. Less credits. Enter line 19 from above .....	24	\$	
25. Net estimated tax due. Subtract line 24 from line 23 .....	25	\$		
<b>TAX DUE</b>	26. Enter balance due from line 16 above (No tax due if less than \$3.00) .....	26	\$	
	27. <b>TOTAL TAX DUE. ADD LINES 25 &amp; 26. PLEASE MAKE CHECKS PAYABLE TO AMHERST INCOME TAX DEPT.</b> .....	27	\$	

If this return was prepared by a tax practitioner, check here if we may NOT contact him/her directly with questions regarding the preparation of this return.

The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated and that the figures used herein are the same as used for Federal Income Tax purposes.

\_\_\_\_\_  
SIGNATURE OF PREPARER, IF OTHER THAN TAXPAYER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF TAXPAYER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME AND ADDRESS OF PREPARER (PLEASE PRINT)

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
SIGNATURE OF SPOUSE (IF JOINT RETURN)

\_\_\_\_\_  
TELEPHONE NUMBER

ATTACH W-2'S AND 1099'S TO THE BACK OF THIS RETURN

**SCHEDULE C  
PROFIT OR LOSS FROM BUSINESS OR PROFESSION**  
Attach Federal Schedules. (If taxes paid to other cities, attach other cities' returns.)

Business Name	Business Address	
1. Net Profit or Loss		\$
2. Add Items not Deductible		
3. Deduct Items not Taxable		( )
4. Adjusted Net Profit or Loss		\$
5. Schedule Y _____% allocable to Amherst from Schedule Y Step 5		
6. Less allocable net loss carry-forward 5 year limit (See Instructions) Attach NOL Schedule		
7. Net Profit or Loss (NET PROFIT ONLY, enter on Line 4, page 1)		\$

**SCHEDULE E  
INCOME FROM RENTS**  
Attach copy of Federal Schedules.

Full Address of property, City & State	Current year Net Profit/Loss
Total Profit/Loss	\$

Less NOL \$ \_\_\_\_\_ Net Profit/Loss \$ \_\_\_\_\_\*  
5 yr. Limit, Attach Schedule \*Carry net profit to Line 4, pg. 1

**SCHEDULE H  
ALL OTHER TAXABLE INCOME**

Individual's distributive share of Income from partnerships, s-corporations, estates, trusts, director's and other fees, farm and other sources.

Received From	For (DESCRIBE)	Amount
		\$
TOTAL INCOME - Enter Line 4, page 1		\$

**SCHEDULE X - Reconciliation With Federal Income Tax Return (For Corporations Only)**

See ORC 718.01(A) (1) for items that are taxable and deductible.  
For further guidance see [www.amherstohio.org](http://www.amherstohio.org).

**SCHEDULE Y - Business Allocation Formula**

USE WHOLE DOLLARS ONLY!	A. Located Everywhere	B. Located in Amherst	% B Divided by A
<b>STEP 1.</b> a) Average original cost of Real & Tangible Personal Property			
b) Gross Annual Rental Receipts Multiplied by 8			
c) Total of Step 1			
<b>STEP 2.</b> Net Sales			
<b>STEP 3.</b> Wages, Salaries Paid			
<b>STEP 4.</b> Total Percentages			
<b>STEP 5.</b> AVERAGE PERCENT (Divide Total Percent by Number of Percentages Used) Enter Here and on Line 5 Schedule C.			

**SCHEDULE Z Partner's Distributive Shares of Net Income (From Federal Schedule 1065, K-1 and 1099)**

1. NAME AND ADDRESS OF EACH PARTNER	2. Resident		3. Distributive Shares of Partners		4. Other Payments	5. Taxable Percentage	6. Amount Taxable
	Yes	No	Percent	Amount			
(a)			%	\$	\$	%	\$
(b)			%	\$	\$	%	\$
(c)			%	\$	\$	%	\$
(d)			%	\$	\$	%	\$
7. TOTALS			100%	\$	\$		\$