

CITY OF AMHERST

480 PARK AVENUE, AMHERST, OH 44001
RETURN OR EXTENSION REQUEST DUE DATE APRIL 15, 2010
 FISCAL YEAR FILERS MUST FILE ON OR BEFORE THE 15TH DAY OF
 THE FOURTH MONTH AFTER THE CLOSE OF THAT FISCAL YEAR.
 Your Name and Address as they appear on our records: Make any Necessary Corrections

2009

OR

FISCAL PERIOD _____ TO _____

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

FOR INCOME TAX DEPARTMENT USE ONLY

TOTAL _____ AUD _____

PAID W/RETURN: _____ CK NO. _____

DUE _____ CR TO 2010 _____ REFUND _____

NO EARNED INCOME

Exemption Certificate on Pg. 2 Must Be Completed

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

**W-2
COPIES
MUST
BE
ATTACHED**

Date wages were Earned (Month/Day) From To	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
/ /					
/ /					
/ /					
/ /					
TOTALS					

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

INCOME	1. Total W-2 wages from column 2	1	\$
	2. 2106 Expenses from column 3, Sch. A & Form 2106 Must Be Attached	2	\$
	3. TAXABLE WAGES. SUBTRACT LINE 2 FROM LINE 1	3	\$
	4. Other income. From schedule C, E and H on Pg. 2, Line 12.....	4	\$
	5. TOTAL AMHERST INCOME. ADD LINES 3 AND 4	5	\$
TAX WITHHELD, PAYMENTS AND CREDITS	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. BALANCE DUE. If line 6 is more than line 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. TOTAL DUE. Add lines 13 through 15. Carry to line 26 below (No tax due if less than \$3.00)	16	\$
	17. OVERPAYMENT. 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	\$	

DECLARATION OF ESTIMATED TAX FOR 2010 (NOT MANDATORY)			
ESTIMATE FOR NEXT YEAR	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	\$
	26. Enter balance due from line 16 above (No tax due if less than \$3.00)	26	\$
27. TOTAL TAX DUE. ADD LINES 25 & 26. PLEASE MAKE CHECKS PAYABLE TO AMHERST INCOME TAX DEPT.	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 copies of all Federal forms and schedules used to compute your local income.

SCHEDULE C - PROFIT OR LOSS FROM BUSINESS OR PROFESSION

	Profit Col. A	Loss Col. B
1. Net Profit or Loss	1. \$ _____	\$ _____
2. Add Items not Deductible	2. \$ _____	\$ _____
3. Deduct Items not Taxable	3. \$(_____)	\$(_____)
4. Adjusted Net Profit or Loss	4. \$ _____	\$ _____
5. % allocable to Amherst from Schedule Y Line 5 <small>(Resident individuals should report 100% of their profit or loss)</small>	5. _____ %	_____ %
6. Multiply line 4 by line 5 - Total Schedule C income/loss	6. \$ _____	\$(_____)

{ For Corporate Entities Only - See
} Sch. X at www.amherstohio.org

SCHEDULE E - PROFIT OR LOSS FROM RENTS

Addresses of properties must be listed on Federal Schedule E

7. \$ _____	\$ (_____)
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SCHEDULE H - ALL OTHER TAXABLE INCOME

Non-employee Compensation, Partnership, Sch. K-1 and other Misc. Income
Do not include amounts reported to Amherst on a separate business return.

8. \$ _____	\$ (_____)
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9 & 9a. Total Line 6, 7 and 8

9. \$ _____	9a. \$ (_____)
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10. Prior NOL (5 yr. limit - schedule must be attached)

10. \$(_____)

11. Line 9 plus Line 10 (Profit less prior loss)

11. \$ _____

12. Line 11 plus Line 9a (Remaining profit less current year loss)
Carry profit on line 12 to the front of the return, line 4

12. \$ _____

If taxes paid to other cities, documentation must be attached. No credit will be given on profit negated by loss.

SCHEDULE Y - BUSINESS ALLOCATION FORMULA

For Non-Resident Businesses

	A. All Locations	B. Amherst Locations	C. Column B ÷ A
1. a) Average original cost of Real & Tangible Personal Pro	\$ _____	\$ _____	
b) Gross Annual Rental Receipts Multiplied by 8	\$ _____	\$ _____	
c) Total of Line 1	\$ _____	\$ _____	%
2. Net Sales	\$ _____	\$ _____	%
3. Wages, Salaries Paid	\$ _____	\$ _____	%
4. Total Percentages			%
5. AVERAGE PERCENT (Divide Total Percent by # of Percentages Used)			%
	Enter here and on Line 5 of Schedule C		%

EXEMPTION CERTIFICATE (Signature is required on front of this form)

I have no taxable income because of the reason indicated below:

- RETIRED - I received only pension, Social Security and/or interest or dividend income.
- UNDER 18 for the entire year of _____. My date of birth is ___/___/___ (Attach proof of DOB)
- ACTIVE MEMBER OF THE U.S ARMED FORCES FOR THE ENTIRE YEAR OF _____.
(This exemption does not include civilians employed by the military or the National Guard)
- NO EARNED INCOME FOR THE ENTIRE YEAR OF _____.
(Public Assistance, SSI, Unemployment, etc. is not considered earned income.)