

FOR INCOME TAX DEPARTMENT USE ONLY
TOTAL AUD
PAID W/RETURN: CK NO.
DUE CR TO 2017 REFUND

DECLARING EXEMPTION
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

MAKE SURE YOUR CORRECT NAME AND ADDRESS ARE ON THIS FORM.

SSN or FID JOINT SSN

W-2 WORKSHEET SEE INSTRUCTIONS BEFORE COMPLETING ROUND TO NEAREST WHOLE DOLLAR

W-2 COPIES MUST BE ATTACHED

Table with 7 columns: 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, MAX CREDIT LIMIT 1% OF WAGES. Includes a TOTALS row.

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

Table for Income and Tax calculations. Rows include: INCOME (Total W-2 wages, 2106 Expenses, TAXABLE WAGES, Other income, TOTAL AMHERST INCOME, AMHERST INCOME TAX), TAX WITHHELD, PAYMENTS AND CREDITS (Amherst income tax withheld, Prior year credits, Estimated payments, Credit for taxes withheld to other cities, Credit for taxes paid to other cities, TOTAL PAYMENTS AND CREDITS), BALANCE DUE, REFUND OR CREDIT (TAX BALANCE, Late Filing Penalty, Late Payment Penalty, TOTAL DUE, OVERPAYMENT, AMOUNT FROM LINE 17 TO BE REFUNDED, AMOUNT FROM LINE 17 TO BE CREDITED TO NEXT YEAR).

Table for Estimate for Next Year and Tax Due. Rows include: ESTIMATE FOR NEXT YEAR (Total estimated income subject to tax, Subtract any estimated income tax to be withheld or paid to other cities, Balance of city income tax declared, Tax due before credits, Less credits, Net estimated tax due), TAX DUE (Enter total due from line 16 above, TOTAL DUE. ADD LINES 25 & 26. MAKE CHECKS PAYABLE TO AMHERST INCOME TAX DEPT.).

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 (Resident individuals should report 100% of their profit or loss)	5. _____ %	_____ %
6. Multiply line 4 by line 5 - Total Schedule C income/loss	6. \$ _____	\$(_____)

{ For Corporations and Partnerships 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.	\$ _____	9a.	\$(_____)
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SCHEDULE H - ALL OTHER TAXABLE INCOME
Do not report W2G or 1099 Misc Income here.

8.	\$ _____	9a.	\$(_____)
9.	\$ _____	9a.	\$(_____)

9 & 9a. Total Line 6, 7 and 8

10. Prior NOL (5 yr. limit - schedule must be attached)

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

11.	\$ _____
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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.	\$ _____
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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) Avg. Original Cost of Real & Tangible Personal Property	\$ _____	\$ _____	
b) Gross Annual Rental Receipts Multiplied by 8.....	\$ _____	\$ _____	
c) Total of Line 1.....	\$ _____	\$ _____	%
2. Gross Receipts from 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)

No taxable income to be reported due to the reason(s) below:

- UNDER 18 for the entire year of _____. My date of birth is ___/___/___ (Attach proof of DOB)
- RETIRED - I received only pension, Social Security and/or interest or dividend income.
- 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)
- DOMICILED OUTSIDE THE CITY OF AMHERST FOR THE ENTIRE YEAR OF _____.
*(Declaration of Domicile form must be attached - see website or call office)
- NO EARNED INCOME FOR THE ENTIRE YEAR OF _____.
(Public Assistance, SSI, Unemployment, etc. is not considered earned income.)

Taxpayer / Spouse