

**AMBERLEY VILLAGE
INCOME TAX OFFICE**
7149 RIDGE ROAD
AMBERLEY VILLAGE, OH 45237
Office: (513) 531-0130
Fax: (513) 531-8154
Website: www.amberleyvillage.org
Email: taxoffice@amberleyvillage.org

2023 INDIVIDUAL TAX RETURN

FILE ON OR BEFORE **APRIL 15, 2024**

(Extended Returns - Include Federal Extension)

CHECK BELOW IF THIS IS AN

AMENDED RETURN

Print Single Sided - NO Staples

| | |
|--|--|
| <input type="checkbox"/> Resident | <input type="checkbox"/> Resident - Part Year |
| From: ___/___/___ To: ___/___/___ | |
| <input type="checkbox"/> Non-Resident | |
| If you rent, provide landlord information: | |
| Owner Name: _____ | |
| Address: _____ | |
| Filing | <input type="checkbox"/> Individual <input type="checkbox"/> Joint |
| Status: | <input type="checkbox"/> Married filing separately |

FILING IS REQUIRED - Even if you have no income or no tax is due.

| | | |
|------------------|---------------------|---------------------|
| PRIMARY FILER | SOCIAL SECURITY NO. | Tax Office Use ONLY |
| JOINT FILER | SOCIAL SECURITY NO. | |
| ADDRESS | | |
| CITY, STATE, ZIP | | |
| E-MAIL ADDRESS | PHONE | |

INCOME

| | | | | |
|---|-----------------------------------|------------------------------|---|----------------------|
| 1 Total Wages | (Enclose W-2's and 1040 pgs. 1-2) | Pg. 2, Worksheet A, column 2 | 1 | <input type="text"/> |
| 2 Other taxable income | (Enclose Federal Schedules) | Pg. 2, Worksheet B, Box 10 | 2 | <input type="text"/> |
| 3 Wages paid to Household Employees | | Pg. 2, Schedule H-Total | 3 | <input type="text"/> |
| 4 Amberley Village Taxable Income (Add Boxes 1 + 2 + 3) | | | 4 | <input type="text"/> |

TAX LIABILITY

| | | | | |
|--|--|--|---|----------------------|
| 5 Amberley Village Income Tax - Multiply Box 4 by 2.0% (.02) | | | 5 | <input type="text"/> |
|--|--|--|---|----------------------|

CREDITS and PAYMENTS

| | | | | |
|--|------------------------------|----|----------------------|----------------------|
| 6 a. Amberley Village tax withheld | Pg. 2, Worksheet A, column 3 | 6a | <input type="text"/> | |
| b. Credit for tax withheld by other municipalities -up to 2% per W-2 | Pg. 2, Worksheet A, column 6 | 6b | <input type="text"/> | |
| c. Estimates paid to Amberley Village | | 6c | <input type="text"/> | |
| d. Overpayments/Carryforward amounts from prior year(s) | | 6d | <input type="text"/> | |
| 7 TOTAL CREDITS and PAYMENTS (Add Boxes 6a + 6b + 6c + 6d) | | | 7 | <input type="text"/> |

| | | | | |
|--|--------------------------------|-----|----------------------|----------------------|
| 8 TAX DUE: If Box 5 is greater than Box 7, enter balance due. Enter \$0 if balance due is \$10 or less. | | | 8 | <input type="text"/> |
| 9 OVERPAYMENT: If Box 5 is less than Box 7, enter overpayment amount. | | | 9 | <input type="text"/> |
| 10 a. Amount Credited to Next Year | (if \$10 or less enter \$0.00) | 10a | <input type="text"/> | |
| b. Amount of REFUND | (if \$10 or less enter \$0.00) | 10b | <input type="text"/> | |

Tax, Refund or Credit of \$10 or less shall NOT be collected, refunded or credited.

| | | | | |
|---|--|--|----|----------------------|
| 11 PENALTY & INTEREST: Late File \$ _____ Late Pay \$ _____ Late Estimate \$ _____ Interest \$ _____ | | | 11 | <input type="text"/> |
|---|--|--|----|----------------------|

DECLARATION of ESTIMATED TAX DUE for TAX YEAR 2024 Required if estimated tax liability is \$200 or more

| | | | | |
|--|-----------------------------------|-----|----------------------|----------------------|
| 12 Estimated Income \$ <input type="text"/> | Multiply Estimated Income by 2.0% | 12a | <input type="text"/> | |
| 13 Less: Expected Credits | | | | |
| a. Amberley Village tax withheld | | 13a | <input type="text"/> | |
| b. Credit for tax withheld and paid to other municipalities, max credit 2.0% per W-2 | | 13b | <input type="text"/> | |
| c. Overpayments from prior year(s) | | 13c | <input type="text"/> | |
| 14 Total Expected Credits (Add Boxes 13a + 13b + 13c) | | 14 | <input type="text"/> | |
| 15 Net Estimated Tax Due (Box 12a less Box 14) | If less than \$200, enter \$0.00 | 15 | <input type="text"/> | |
| 16 Estimated Tax Due FIRST Quarter (Divide Box 15 by 4) | | | 16 | <input type="text"/> |

**Subsequent estimated payments are due by the 15th of June, September and the following January*

| | | | |
|---|---|----|----------------------|
| 17 TOTAL PAYMENT DUE with RETURN (Add Box 8 + Box 11 + Box 16) | Make checks payable to: AMBERLEY VILLAGE | 17 | <input type="text"/> |
|---|---|----|----------------------|

Check this box if you have requested a refund from another municipality; enclose a copy of the return.

I certify I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. The figures used herein are the same as used for federal income tax purposes, (with the exception that deferred income must be reported for city income tax purposes). If return is not signed, this is not a legal final return. Primary filer and joint filer must sign even if only one has income.

| | |
|---|--------------------|
| Primary Filer or Agent Signature _____ | Date _____ |
| Joint Filer Signature _____ | Date _____ |
| Preparer's Signature (if other than taxpayer) _____ | Date _____ |
| Preparer's Address _____ | Phone Number _____ |

Yes, Amberley Village may contact and discuss return with Preparer.

Credit Card Payment Information



Account Number _____ - _____ - _____ - _____
 Card Expiration ____/____
 Security Code _____
 Amount Authorized \$ _____
 Signature _____

A convenience fee of 3.5% will be added to any amount charged

WORKSHEET A - SALARIES, WAGES, TIPS & OTHER EMPLOYEE COMPENSATION

Enclose, but do not staple or attach copies of all W-2's to return

| NAME of EMPLOYER | Column 1 | Column 2 | Column 3 | Column 4 | Column 5 | Column 6 |
|------------------|--|--|---|---|---------------------------|-------------------------|
| | CITY of EMPLOYMENT <i>Box 20 of W-2</i> | TAXABLE WAGES: GREATER of Box 5 or Box 18 of W-2 | AMBERLEY VILLAGE TAX WITHHELD <i>Box 19 of W-2</i> | OTHER LOCAL or MUNICIPAL TAX WITHHELD <i>Box 19 of W-2</i> | MULTIPLY COLUMN 2 BY 2.0% | LESSER of Column 4 or 5 |
| A. | | | | | | |
| B. | | | | | | |
| C. | | | | | | |
| D. | | | | | | |
| E. | | | | | | |
| | | Total Column 2 | Total Column 3 | | | Total Column 6 |
| | | \$ | \$ | | | \$ |
| | | Page 1, Box 1 | Page 1, Box 6a | | | Page 1, Box 6b |

WORKSHEET B - OTHER AMBERLEY VILLAGE TAXABLE INCOME

Enclose copies of federal forms and schedules to support reported figures

| SCHEDULES / TYPE OF INCOME | Column A | Column B | Column C |
|--|------------------------------------|-------------------------------|---------------------------------|
| | Income/Loss from Federal Schedules | % Taxable to Amberley Village | Amberley Village Taxable Income |
| 1 Schedule C - Profit or Loss from Business | | | |
| 2 Schedule E - Income or Loss from Rental Real Estate. Residents enter profit/loss from all properties. Non-residents report profit/loss on Amberley properties only. | | | |
| 3 Schedule E & K-1, Net Income from Partnerships - Residents enter profit/loss from entities that do not withhold Amberley Village tax on distributive share. | | | |
| 4 Schedule F - Profit or Loss from Farming | | | |
| 5 Form 4797 - Ordinary Gains or Losses | | | |
| 6 TOTAL TAX YEAR BUSINESS/OTHER INCOME or LOSS (Add Lines 1 - 5) | | | |
| *7 Allowable Net Operating Loss Deduction - Enter the amount claimed as a deduction in Column C. Enclose a worksheet showing prior year losses for up to 5 years and amounts previously claimed. | Available Loss | | Loss Applied |
| 8 Form W-2G - Gambling and Lottery Winnings | | | |
| 9 Other Income - 1099-Misc, 1099-NEC, tips, commissions, prizes/awards, jury duty, etc. | | | |
| *Allowable Net Operating Loss Deduction: 50% limitation ended 12/31/2022. NOL's can be carry forward for a maximum of 5 years. | | | |
| 10 TOTAL OTHER TAXABLE INCOME (Sum of Lines 6 - 9) | | | |

Page 1, Box 2

SCHEDULE H - HOUSEHOLD EMPLOYEES

Enclose, but do not staple or attach copies of W-2's or federal Sch H

Did you pay wages to any household employee(s) during tax year: Yes No

| EMPLOYEE NAME | SOCIAL SECURITY NO. | WAGES |
|--------------------|---------------------|-------|
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| Schedule H - Total | | \$ |

Page 1, Box 3

Please Note!

Return Filing and Quarterly Payment Schedule

| APRIL 15 | JUNE 15 | SEPTEMBER 15 | JANUARY 15 |
|--|-------------------------------------|-------------------------------------|-------------------------------------|
| File Income Tax Return with Declaration and pay 1 st Quarter Estimate | 2 nd Quarter Payment Due | 3 rd Quarter Payment Due | 4 th Quarter Payment Due |