## **CHECK YOUR STATUS AS A TAXPAYER** SSN (Taxpayer): \_\_\_ **PICKERINGTON CITY** ☐ Individual or married SSN (Spouse): \_\_\_\_\_ INCOME TAX RETURN ☐ Married filing separate Did you move during the tax year? \_\_\_\_\_ ☐ Retired with no taxable income **DUE APRIL 15, 2020** Into Pickerington Date: \_\_\_\_\_ Other (explain) Out of Pickerington Date: \_\_\_\_\_ Should account be inactivated?: Account Number: \_\_\_\_ Spouse: \_ If you are requesting that your account be inactivated Address: \_\_ due to your moving from the jurisdiction with no intent to City/State/Zip: \_\_\_ return, although retaining a mailing address within the jurisdiction as your address of record, please enter the Phone Number: \_\_\_\_\_ date of your move and the reason, and attach supporting documentation with regard to your relocation. Name and address: Indicate above changes by checking ☐ Name ☐ Address **Taxpayer Use** Office Use INCOME ATTACH FEDERAL FORM 1040, FORMS W-2, 1099 AND FEDERAL SCHEDULES C, E AND F Total W-2 wages. (SEE INSTRUCTIONS ON PAGE 2) ....... 1 \_\_\_\_ 1 \_\_\_\_ 1 2. 3. LESS: EMPLOYEE BUSINESS EXPENSES (ATTACH FORMS 1040, 2106 AND SCH 1) (SEE SECTION 2, PAGE 2) 4 \_\_\_\_\_\_ 4. 5. 6. 7. TAX 8. TAX WITHHELD. Pickerington tax withheld by employer (Do not include school tax SD 2307) .......9 \_\_\_\_\_\_\_9 PAYMENTS. & CREDITS W-2 must show tax paid to other city (or attach another city return) 13. BALANCE DUE. 15. **REFUND OR CREDIT** Note: No tax due if less than \$10.01. 19 No refund will be paid for amounts less than \$10.01. \_\_\_\_\_ 21(B) Refund \$ \_\_\_\_\_ ..... 21 \_ 21(A) Carry forward/apply to prior \$ \_ DECLARATION OF ESTIMATED TAX FOR YEAR 2020 REQUIRED BY LAW ON ALL INCOME FROM WHICH CITY OF PICKERINGTON TAX IS NOT WITHHELD. THERE IS A 15% PENALTY FOR NON-COMPLIANCE. ESTIMATE FOR **NEXT YEAR** 26. 28. First quarter estimate (enter 1/4 of line 27) vouchers for remaining quarters are on city website ... 28 \_\_\_\_ TAX DUE Under penalty of perjury, 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. Check box if we may discuss this return with your preparer. DATE SIGNATURE OF PREPARER, IF OTHER THAN TAXPAYER DATE SIGNATURE OF TAXPAYER

2019 INDIVIDUAL

Email: \_

CITY OF PICKERINGTON, OHIO

ADDRESS OF PREPARER

SIGNATURE OF SPOUSE

WORKSHEET A SALARIES, WAGES, TIPS AND OTHER EMPLOYEE COMPENSATION PER W-2(S)				
COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5
EMPLOYER'S NAME	CITY WHERE EMPLOYED	GROSS INCOME FROM W-2'S (BOX 5 OR BOX 18, WHICHEVER IS HIGHER)	WAGES TAXED AND NOT REFUNDED BY OTHER CITY (W-2 BOX 18) (DO NOT INCLUDE PICKERINGTON)	PICKERINGTON TAX WITHHELD (DO NOT INCLUDE SCHOOL TAX SD 2307)
A.				
В.				
C.				
D.				
E. TOTALS				
ENTER ON:  PAGE 1, LINE 1  YOU MUST INPUT WAGES* AFTE DEDUCTIONS IN SECTION 3 BELC TO CALCULATE CREDIT  * TAXED BY ANOTHER CITY			PAGE 1, LINE 9	
SECTION 1 - OTHER INCO	ME		TOTAL DE LA PARTICIONAL DEPURBICIONAL DE LA PARTICIONAL DE LA PART	
<ol> <li>Profit/Loss from any Business Owned (Attach Federal Schedule C)</li> <li>Rental and/or Farm Income/Loss (Attach Federal Schedule E or F)</li> <li>Partnership Income/Loss (Federal Schedule E)</li> <li>Net Loss Per Previous Pickerington Tax Returns (see note below)</li> <li>Other Income (from Pass-through-Entities, Estates, Trusts, Fees, Tips etc.)</li> <li>Attach 1099s, K-1 or appropriate Federal Schedules</li> <li>TOTAL (Add lines 1, 2, 3, 3a and 4)</li> <li>NOTE: The net loss from any business activity cannot be used to offset salaries, wages, commissions, or other compensation, or non-business income. Net Operating Losses may be carried forward for five (5) years beginning tax year 2017.</li> </ol>				.\$
SECTION 2 - DEDUCTIONS				
A. Partial year residents – income earned while NOT a resident of Pickerington				
B. 2106 Employee Business Expenses are for use only by Armed Forces reservists, qualified performing artists, fee-basis state or local government officials, and employees with impairment-related work expenses. The 2106 Form, as filed with the IRS, with an itemization of all expenses reported, page 2 of Federal Form 1040 and a copy of Federal Schedule 1 MUST BE ATTACHED OR THE DEDUCTION WILL BE DISALLOWED				
C. Moving Expenses included in income on W-2 and reimbursed by employer. Employer documentation must be provided (Applies only to residents moving into City)				.\$
D. TOTAL DEDUCTIONS				
				(Carry to section 3 below
SECTION 3 - CREDIT (ALLO	OWABLE ONLY FOR PICKERIN	GTON CITY RESIDENTS)**		
**Credits must be substantiated with W-2s or other city returns showing taxes paid to another municipality.  DO NOT INCLUDE ANY SCHOOL DISTRICT TAX. (SD2307)  If your salary and/or income has been taxed and not refunded by a city other than Pickerington, use this calculation:  (Use only that portion of wage/income actually taxed; partial year residents must use partial year figures for tax liability and for credit. If you have or will receive a refund from the employment city on any portion of your income, you must exclude that portion from the credit calculation.)				
DEDUCTIONS IN SECTION 2 A	ABOVE <u>MUST</u> BE DEDUCTED FF	ROM WAGES BEFORE TAX CREI	DIT IS FIGURED.	
TOTAL APPLICABLE WAGES TAXED BY ANOTHER CITY \$ X 1/2% ( 005) -				¢

(after deductions)

(Carry to page 1, line 10)