

**2006 - CITY OF MIDDLETOWN INDIVIDUAL INCOME TAX - 2006**  
**FILING REQUIRED BY ALL RESIDENTS 16 YEARS OR OLDER EVEN IF NO TAX DUE**  
FILE ON OR BEFORE APRIL 16, 2007

ACCOUNT

**EXTENSION REQUESTS MUST BE RECEIVED BEFORE APRIL 16, 2007**

(513) 425-7862  
www.ci.middletown.oh.us

I AM NOT REPORTING ANY INCOME ON THIS RETURN BECAUSE:

- ACTIVE DUTY MILITARY                       ONLY INCOME IS FROM NON-TAXABLE SOURCE, LIST SOURCE \_\_\_\_\_
- NO EMPLOYMENT THIS YEAR                       MOVED FROM MIDDLETOWN ON \_\_\_\_\_ LIST DATE \_\_\_\_\_
- UNDER 16 YEARS OF AGE,                       TAXPAYER DECEASED, LIST DATE OF DEATH: \_\_\_\_\_
- DATE OF BIRTH \_\_\_\_\_                       65 YEARS OR OLDER, PENSION INCOME ONLY. DATE OF BIRTH \_\_\_\_\_

IF NAME OR ADDRESS IS INCORRECT MAKE NECESSARY CHANGES  
(LIST BOTH NAMES AND SOCIAL SECURITY NUMBERS IF FILING A JOINT RETURN)

TAXPAYER SSN: \_\_\_\_\_  
SPOUSE SSN: \_\_\_\_\_  
PHONE - HOME: \_\_\_\_\_ BUSINESS: \_\_\_\_\_  
IF YOU MOVED DURING THE YEAR YOU MUST COMPLETE LINES BELOW  
DATE OF MOVE: \_\_\_\_\_  
PRESENT ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
OLD ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

1. QUALIFYING WAGES, SALARIES, TIPS, AND OTHER EMPLOYEE COMPENSATION (ATTACH ALL W-2 FORMS) . . . . .	1.	
2. INCOME OTHER THAN WAGES FROM WORKSHEETS ON REVERSE - LOSS 2a <input type="text"/> OR PROFIT . . . . .	2b.	
(ATTACH FEDERAL SCHEDULES AND/OR 1099 MISC)		
3. TOTAL INCOME (ADD BOX 1 AND 2b) . . . . .	3.	
4. MIDDLETOWN TAX - BOX 3 MULTIPLIED BY 1.5% . . . . .	4.	
5. a. MIDDLETOWN TAX WITHHELD . . . . .	5a.	
b. CREDIT FOR OTHER CITY TAX WITHHELD (not to exceed 1.5%) WORKSHEET ON BACK . . . . .	5b.	
c. SUBTOTAL OF CREDITS ADD 5a. AND 5b . . . . .	5c.	
d. ESTIMATE PAYMENTS . . . . .	5d.	
e. PRIOR YEAR CREDIT CARRIED FORWARD . . . . .	5e.	
f. TOTAL OF CREDITS _ADD 5c, 5d, AND 5e . . . . .	5f.	
6. IF BOX 4 IS GREATER THAN BOX 5F ENTER BALNCE DUE . . . . .		<b>TAX DUE</b> 6.
CHECK PAYABLE TO MIDDLETOWN INCOME TAX DIVISION		
(SEE REVERSE FOR CREDIT CARD PAYMENT)		
7. IF BOX 5f IS GREATER THAN BOX 4 ENTER OVERPAYMENT . . . . .	7.	
a. AMOUNT TO REFUND _____ OR b. CREDIT TO NEXT YEAR _____		

**NO TAX DUE OR REFUNDED  
IF LESS THAN \$3.00**

NOTICE: By law all refunds and credits in excess of \$10.00 are reported to IRS.

**INCLUDE A COPY OF YOUR 1040, PAGE 1**

**DECLARATION OF ESTIMATED TAX FOR YEAR 2007**

8. TOTAL ESTIMATED 2007 INCOME \$ _____ MULTIPLY BY TAX RATE 1.5% = TOTAL 2007 ESTIMATED TAX . . . . .	8.	
9. ESTIMATED WITHHOLDINGS:		
a. ESTIMATED TAX TO BE WITHHELD BY EMPLOYER(S) FOR CITY OF MIDDLETOWN . . . . .	9a.	
b. ESTIMATED TAX, NOT OVER 1.5%, WITHHELD FOR OR PAYABLE TO OTHER CITIES . . . . .	9b.	
10. ESTIMATED TAX NOT WITHHELD BY EMPLOYERS (LINE 8 MINUS LINES 9a, 9b) (IF LESS THAN \$100, NO ESTIMATE DUE) . . . . .	10.	
11. TAX OVERPAYMENT FROM PREVIOUS TAX YEAR: ENTER AMOUNT FROM LINE 7b. . . . .	11.	
12. TOTAL ESTIMATED TAX DUE AND PAYABLE TO MIDDLETOWN DURING 2007 (LINE 10 MINUS LINE 11). . . . .	12.	
(LAST DATE TO PAY ESTIMATED TAX WITHOUT PENALTY AND INTEREST IS JANUARY 31, 2008)		
11. a. TOTAL DUE: TAX DUE FOR 2006 (BOX 6) \$ _____ b. PLUS 1/4 2007 ESTIMATED TAX (BOX 12) \$ _____	13.	

The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated. If this return was prepared by a Tax Practitioner, may we contact your practitioner directly with questions regarding the preparation of this return?  Yes  No

\_\_\_\_\_  
Taxpayer Signature Date \_\_\_\_\_

\_\_\_\_\_  
Spouse's signature (if filing jointly, BOTH must sign even if only one had income.) Date \_\_\_\_\_

\_\_\_\_\_  
Tax Preparer (print name and phone if other than taxpayer)

**FOR OFFICE USE ONLY - PENALTY & INTEREST**

FAILURE TO PAY ESTIMATE BY JAN 31 \$ \_\_\_\_\_

FAILURE TO PAY TAX DUE BY APRIL 16 \_\_\_\_\_

FAILURE TO FILE BY APRIL 16 \_\_\_\_\_

TOTAL PENALTY & INTEREST \_\_\_\_\_

**GRAND TOTAL** \$ \_\_\_\_\_



**INCOME OTHER THAN WAGES**

A. INCOME FROM ANY BUSINESS OWNED (ATTACH FEDERAL SCHEDULE C) .....	A.	<input type="text"/>
B. RENTS, ROYALTIES, PARTNERSHIPS, ESTATES, TRUSTS, ETC. (ATTACH FEDERAL SCHEDULE E & FORM(S) K-1) ..	B.	<input type="text"/>
C. OTHER INCOME (ATTACH APPROPRIATE FEDERAL SCHEDULE OR 1099-MISC.) .....	C.	<input type="text"/>
D. TOTAL OTHER INCOME (BOXES A, B & C) IF LOSS, STOP HERE AND ENTER IN BOX 2a. IF PROFIT CONTINUE TO BOX E. ....	D.	<input type="text"/>
E. PRIOR YEARS LOSSES (LIMITED TO LAST 5 YEARS) MAY NOT EXCEED BOX D. ....	E.	<input type="text"/>
F. NET OTHER TAXABLE INCOME (BOX D LESS BOX E) ENTER IN BOX 2b, PAGE1 .....	F.	<input type="text"/>

**TAX WITHHELD WORKSHEET**

Column 1	Column 2	Column 3	Column 4	Column 5
LIST ALL CITIES EXCEPT MIDDLETOWN	QUALIFYING WAGES ETC. (USUALLY BLOCK 18 OF THE W-2)	TAX WITHHELD	1.5% OF COLUMN 2	LESSER OF COLUMN 3 OR COLUMN 4
TOTAL ALLOWED:		CARRY TOTAL OF COLUMN 5 TO LINE 5b, PAGE 1		

**CREDIT CARD PAYMENT**

1. Circle One:  

2. Account Number (16 digits) \_\_\_\_\_

3. Expiration Date: \_\_\_\_\_

4. Amount to be Paid: \$ \_\_\_\_\_

5. Your Signature for Authorization: \_\_\_\_\_

**PENALTY AND INTEREST CHARGES**

FAILURE TO FILE BY APRIL 16: \$10 IN MAY, \$25 THEREAFTER

FAILURE TO PAY THE REQUIRED ESTIMATE BY JANUARY 31 ON BALANCES GREATER THAN \$100:  
 INTEREST: 1% PER MONTH  
 PENALTY: 2% PER MONTH OR \$25, WHICHEVER IS GREATER

FAILURE TO PAY TAX DUE BY APRIL 16:  
 INTEREST: 1% PER MONTH  
 PENALTY: 2% PER MONTH OR \$25, WHICHEVER IS GREATER

HAVE YOU BEEN AUDITED BY IRS IN THE PAST YEAR? (YOU ARE REQUIRED TO NOTIFY US.)  
 \_\_\_\_\_ Yes \_\_\_\_\_ No

**YOU MUST INCLUDE A COPY OF ALL W-2'S, 1099'S AND PAGE 1 OF YOUR 1040**