1. Qualifying wages, salaries, tips and other employee compensation (attach all W-2 forms) (usually box 5 of W2) 1.
2. Income other than wages from worksheets on reverse - loss 2a OR profit 2b.
3. Total income (add box 1 and 2b) 3.
4. Middletown tax - box 3 multiplied by 1.75% 4.
5a. Middletown tax withheld 5a.
5b. Credit for other city tax withheld (not to exceed 1.75%) worksheet on back 5b.
5c. Subtotal of credits - add 5a and 5b 5c.
5d. Estimate payments 5d.
5e. Prior year credit carried forward 5e.
5f. Total of credits - add 5c, 5d, and 5e 5f.
6. If box 4 is greater than box 5f enter balance due 6.
7. If box 5f is greater than box 4 enter overpayment 7.
a. Amount to refund 7a.

OR b. Credit to next year 7b.

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

Include a copy of your 1040, page 1 & 2

Declaration of estimated tax for year 2020
8. Total estimated 2020 income $ multiply by tax rate 1.75% = total 2020 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 1.75%, withheld for or payable to other cities 9b.
10. Estimated tax not withheld by employers (line 8 minus lines 9a, 9b) (if less than $200, no estimated 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 2020 (line 10 minus line 11), (last date to pay estimated tax without penalty and interest is January 15, 2021) 12.

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)
INCOME OTHER THAN WAGES

A. INCOME FROM ANY BUSINESS OWNED (ATTACH FEDERAL SCHEDULE C) ........................................ A.
B. RENTS, ROYALTIES, PARTNERSHIPS, ESTATES, TRUSTS, ETC. (ATTACH FEDERAL SCHEDULE E & FORM(3) K-1) ............................................................................ B.
C. OTHER INCOME (ATTACH APPROPRIATE FEDERAL SCHEDULE OR 1099-MISC.) ................................. C.
D. TOTAL OTHER INCOME (BOXES A, B & C) IF LOSS, STOP HERE AND ENTER IN BOX 2a. IF PROFIT CONTINUE TO BOX E ............................................................ D.
E. PRIOR YEARS LOSSES ALLOWABLE (REFER TO ORC 718) ...................................................................... E.
F. NET OTHER TAXABLE INCOME (BOX D LESS BOX E) ENTER IN BOX 2b, PAGE 1 ................................. F.

<table>
<thead>
<tr>
<th>Column 1</th>
<th>Column 2</th>
<th>Column 3</th>
<th>Column 4</th>
<th>Column 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>LIST ALL CITIES</td>
<td>QUALIFYING WAGES ETC.</td>
<td>TAX WITHHELD</td>
<td>1.75% OF COLUMN 2</td>
<td>LESSER OF COLUMN 3 OR COLUMN 4</td>
</tr>
<tr>
<td>EXCEPT MIDDLETOWN</td>
<td>(USUALLY BLOCK 18 OF THE W-2)</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

TOTAL ALLOWED: CARRY TOTAL OF COLUMN 5 TO LINE 5b, PAGE 1

CREDIT CARD PAYMENT

1. Circle One: VISA | MasterCard | DISCOVER
2. Account Number (16 digits) _________________________________
3. Expiration Date: _________________________________
4. Amount to be Paid: $_______________________________
5. Your Signature for Authorization: _________________________________

PENALTY AND INTEREST WILL BE CALCULATED BY THE TAX DEPARTMENT

FAILURE TO FILE BY APRIL 15: $25 PER MONTH OR PORTION THEREOF (MAXIMUM $150)

FAILURE TO PAY THE REQUIRED ESTIMATE BY JANUARY 15 ON BALANCES GREATER THAN $200

   PENALTY: 15% OF TAX DUE

FAILURE TO PAY TAX DUE BY APRIL 15:

   MONTHLY INTEREST: FEDERAL SHORT-TERM RATE ROUNDED TO THE NEAREST WHOLE NUMBER PERCENT - 2% + 5% ANNUM = 7% + 12 (= 0.58% PER MONTH)

   PENALTY: 15% OF TAX DUE

HAVE YOU BEEN AUDITED BY IRS IN THE PAST YEAR? (YOU ARE REQUIRED TO NOTIFY US.)

   _____ Yes    _____ No

INCLUDE A COPY OF YOUR 1040, PAGE 1 & 2