## 2023 - CITY OF MIDDLETOWN INDIVIDUAL INCOME TAX - 2023

**FILING REQUIRED BY ALL RESIDENTS 18 YEARS OR OLDER EVEN IF NO TAX DUE**

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

**FEDERAL EXTENSION REQUESTS MUST BE ATTACHED TO YOUR RETURN.**

**ACCOUNT**

(513) 425-7862

www.cityofmiddletown.org

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### 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**
- **UNDER 18 YEARS OF AGE**, **LIST DATE OF BIRTH**
- **DATE OF BIRTH**
- **TAXPAYER DECEASED, LIST DATE OF DEATH:**

### NAME & PRESENT ADDRESS

(LIST BOTH NAMES & SOCIAL SECURITY NUMBERS, ONLY IF FILING A JOINT RETURN)

### EMAIL:

- **TAXPAYER SSN:**
- **SPouse SSN:**

**Phone - Home:**

**Business:**

**IF YOU MOVED DURING THE YEAR YOU MUST COMPLETE LINES BELOW**

**DATE OF MOVE IN:**

**OUT:**

- **OLD ADDRESS:**
- **PRESENT ADDRESS:**

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

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### DECLARATION OF ESTIMATED TAX FOR YEAR 2024

8. **TOTAL ESTIMATED 2024 INCOME $_____________________________**

   **MULTIPLY BY TAX RATE 2.0% = TOTAL 2024 ESTIMATED TAX 8.**

9. **ESTIMATED WITHHOLDINGS:**

   - a. **ESTIMATED TAX TO BE WITHHELD BY EMPLOYER(S) FOR CITY OF MIDDLETOWN**
   
   - b. **ESTIMATED TAX, NOT OVER 2.0%, WITHHELD FOR OR PAYABLE TO OTHER CITIES**

10. **ESTIMATED TAX NOT WITHHELD BY EMPLOYERS (LINE 8 MINUS LINES 9a, 9b) (IF LESS THAN $200, NO ESTIMATE DUE).**

11. **TAX OVERPAYMENT FROM PREVIOUS YEAR TAX YEAR: ENTER AMOUNT FROM LINE 7b.**

12. **TOTAL ESTIMATED TAX DUE AND PAYABLE TO MIDDLETOWN DURING 2024(LINE 10 MINUS LINE 11).**

   **(LAST DATE TO PAY ESTIMATED TAX WITHOUT PENALTY AND INTEREST IS JANUARY 15, 2025)**

13. **a. TOTAL DUE: TAX DUE FOR 2023 (BOX 6) $ _______________  b. PLUS 1/4 2024 ESTIMATED TAX (BOX 12) $ _______________**

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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)**

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### FOR OFFICE USE ONLY - PENALTY & INTEREST

**FAILURE TO PAY ESTIMATE BY JAN 15 $_____________**

**FAILURE TO FILE BY APRIL 15 $_____________**

**FAILURE TO PAY TAX DUE BY APRIL 15 INTEREST $_____________**

**PENALTY $_____________**

**TOTAL PENALTY & INTEREST $_____________**

**GRAND TOTAL $_____________**
### INCOME OTHER THAN WAGES

<table>
<thead>
<tr>
<th>Column 1</th>
<th>Column 2</th>
<th>Column 3</th>
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<th>Column 5</th>
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<tbody>
<tr>
<td>LIST ALL CITIES EXCEPT MIDDLETOWN</td>
<td>QUALIFYING WAGES ETC. (USUALLY BLOCK 18 OF THE W-2)</td>
<td>TAX WITHHELD</td>
<td>2.0% OF COLUMN 2</td>
<td>LESSER OF COLUMN 3 OR COLUMN 4</td>
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TOTAL ALLOWED: CARRY TOTAL OF COLUMN 5 TO LINE 5b, PAGE 1

### TAX WITHHELD WORKSHEET

1. Circle One: Visa  MasterCard  Discover

2. Account Number (16 digits) _______________ _______________ _______________ ________________

3. Expiration Date: _________________________

4. Amount to be Paid: $____________________

5. Your Signature for Authorization: _______________________________________________________________________________

*A fee of 2% or a minimum of $1.50 will be applied to all credit / debit card payments

### PENALTY AND INTEREST WILL BE CALCULATED BY THE TAX DEPARTMENT

**FAILURE TO FILE BY APRIL 15:** $25

**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**