

Income Tax Division
 4200 Dryden Rd
 Moraine, OH 45439
 Phone: (937) 535-1026
 Fax: (937) 535-1281
 Website: www.ci.moraine.oh.us

DUE ON OR BEFORE APRIL 15, 2019

(A copy of the Federal Extension must be Attached with Return)

This space is for official use only

Taxpayer(s) Name and Address	ALL Residents Must	Primary SSN _____ - _____ - _____
	File a Return or Exempt Form	Joint SSN _____ - _____ - _____
		Phone # _____
	Attached copy of Federal 1040 and Schedules is required per State of Ohio	Partial Year Resident From _____ to _____ Prior/New Address:

I AM NOT REQUIRED TO COMPLETE LINES 1-20 OF THIS RETURN BECAUSE: **MUST ATTACH FEDERAL 1040 IF FILED**
 UNEMPLOYMENT ONLY DECEASED, LIST DATE OF DEATH _____
 PERM DISABILITY/FULLY RETIRED/SS ONLY INCOME FROM NONTAXABLE SOURCE, LIST: _____

1.	Total Qualifying Wages (generally found in Box 5 of Form W-2) (Attach W-2 Forms)		1	\$
2.	Other Income/(loss) From gambling income, Federal Schedules C, E, F, K-1, 1099-MISC (See Worksheet B Line 6) (Attach all copies of all Federal Schedules)		2	\$
3.	Moraine Taxable Income (line 1 plus Line 2). losses on Line 2 do not offset W-2 Income		3	\$
4.	Moraine Income Tax (Multiply Line 5 by 2.5% [.0250])		4	\$
5a.	Moraine Tax Withheld	5a	\$	
5b.	Other City Taxes Paid (Credit limited to 2.5%)	5b	\$	
5c.	Estimates Paid	5c	\$	
5d.	Prior Year Credit	5d	\$	
6.	Total Payments and Credits (Total of Lines 5a through 5d)		6	\$
7.	Balance Due/(Overpayment) (Line 4 minus Line 6)		7	\$
8.	Late Filing Penalty (\$25.00 per month, not to exceed \$150.00)		8	\$
9a.	Penalty Due (15% of the amount not timely paid/underpayment)		9a	\$
9b.	Interest Due (7% Imposed on all tax not timely paid)		9b	\$
10.	Total Due (Total of Lines 7, 8, 9a and 9b) No payment due if Line 10 is \$10.00 or less		10	\$
11.	Overpayment from Line 10	11	\$	
12.	Amount to be Refunded (Amounts \$10.00 or less will not be refunded)	12	\$	
13.	Credit to Next Year	13	\$	

Part B Declaration of Estimated Tax for 2019 - Required if estimated tax liability is \$200 or greater

14.	Total Estimated Income Subject to Tax \$ _____ Multiply by Tax Rate of 2.5%	14	\$
15.	Estimated Taxes Withheld from Wages	15	\$
16.	Tax due after Withholding (line 14 minus Line 15) STOP if this amount is less than \$0.00	16	\$
17.	Less credits (from Line 13 above)	17	\$
18.	Net Estimated Tax Due (Line 16 minus 17 if greater than zero)	18	\$
19.	Amount paid with this declaration (not less than 1/4 of Line 18)*	19	\$

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

20.	TOTAL AMOUNT DUE - Add Lines 10 and 19 (Payable to the City of Moraine)	20	\$
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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 and that the figures used herein are the same as used for Federal Income Tax purposes

_____ SIGNATURE OF PREPARER	_____ DATE	_____ SIGNATURE OF TAXPAYER	_____ DATE
_____ NAME AND ADDRESS OF PREPARER	_____ PHONE NUMBER	_____ SIGNATURE OF JOINT	_____ DATE

Check here if we may contact the above preparer with questions regarding the preparation of this return.

WORKSHEET A - SALARIES, WAGES, TIPS AND OTHER COMPENSATION
 TO BE COMPLETED BY TAXPAYERS WHO RECEIVE W-2 INCOME FROM MORE THAN ONE SOURCE
 ATTACH COPIES OF ALL W-2S USED TO COMPUTE YOUR INCOME/WITHHOLDINGS

City of Employment	Employer	Wages (W-2 Box 5)	Moraine Tax Withheld (W-2 Box 19)	Other City Tax Withheld (Not to exceed 2.5%)
TOTALS		1a. _____	1b. _____	1c. _____
		Enter Total on Pg 1 Line 1	Enter Total on Pg 1 Line 5a	Enter Total on Pg 1 Line 5b

WORKSHEET B - BUSINESS INCOME or LOSS
 ATTACH COPIES OF FEDERAL FORMS AND SCHEDULES USED TO COMPUTE RETURN

	Schedules	Column A Income/Loss from Federal Schedules	Column B Moraine %	Moraine Taxable Income Column A x Column B
1.	Schedule C - Business Income (Combine the net income or loss of all Schedules C's)	\$ _____	%	\$ _____
2.	Schedule E - Rental Income/Royalties (Residents enter profit/loss from ALL properties. Nonresidents enter only	\$ _____	100%	\$ _____
3.	(Residents enter profit/loss from entities that do not withhold Moraine tax on entire distributive share)	\$ _____	100%	\$ _____
4.	Income, 1099-MISC, W-2G, Schedule F, etc	\$ _____	%	\$ _____
5.	NOL Carry Forward (Attach worksheet and enter as a loss)			\$ _____
6.	Total Income/Loss (Combine Lines 1 through 5 and enter this amount on Pg 1 Line 2)			\$ _____

SCHEDULE Y - BUSINESS APPORTIONMENT FORMULA

To be completed by all **Non-Residents** who earn a portion of their net profits in Moraine

	a. Located Everywhere	b. located in Moraine	c. Percentage (b ÷ a)
Step 1. Original Cost of Real and Tangible Personal Property Gross Annual Rentals Paid Multiplied by 8 TOTAL STEP 1	_____	_____	_____ %
Step 2. Wages, Salaries, & Other Compensation Paid	_____	_____	_____ %
Step 3. Gross Receipts from Sales Made and/or Work or Services performed	_____	_____	_____ %
Step 4. Total Percentages (Add Percentages from Steps 1-3)			_____ %
Step 5. Apportionment Percentage (Divide Total Percentage by Number of Percentages Used)			_____ %