

Form IR File With  
**HILLSBORO INCOME TAX**  
 130 North High Street  
 Hillsboro, Ohio 45133  
 Phone (937) 393-3848  
 Fax (937) 393-0590

**20<sup>16</sup> HILLSBORO INCOME TAX RETURN**  
**FILING REQUIRED EVEN IF NO TAX DUE ON OR BEFORE APRIL 15**  
**IF THE DUE DATE FALLS ON A WEEKEND OR A FEDERAL HOLIDAY,**  
**THE DUE DATE WILL BE THE FOLLOWING BUSINESS DAY.**  
 www.hillsboroohio.net

Make checks or  
 Money Orders Payable to  
**Hillsboro Income Tax Bureau**

**LATE FILING OF THIS RETURN SUBJECTS YOU TO INTEREST AND A MINIMUM PENALTY OF \$25.00**

**TAXPAYER'S NAME, ADDRESS**

CURRENT EMPLOYER: \_\_\_\_\_  
 TAXPAYER SSN: \_\_\_\_\_  
 SPOUSE SSN: \_\_\_\_\_  
 PHONE NUMBER: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_  
 IF YOU MOVED DURING THE YEAR, YOU MUST COMPLETE  
 LINES BELOW:  
 DATE MOVED OUT OF CITY: \_\_\_\_\_ INTO CITY: \_\_\_\_\_  
 PRESENT ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 OLD ADDRESS: \_\_\_\_\_

**NOTE: Page 2 must be completed if you have taxable rental property or business income.**

**OFFICE USE ONLY**

1. TOTAL QUALIFYING WAGES (USUALLY BOX 5 ON W-2) , TIPS AND OTHER EMPLOYEE COMPENSATION . . . . .	\$ _____	\$ _____
<b>ATTACH ALL W-2'S</b>		
2. OTHER INCOME OR (LOSS). FROM GAMBLING INCOME, FEDERAL SCHEDULES C, E, F, K-1, 1099-MISC . . . . .	\$ _____	\$ _____
(SEE WORKSHEET B LINE 5) (ATTACH ALL COPIES OF FEDERAL SCHEDULES)		
3. TAXABLE INCOME LINE 1, PLUS LINE 2 (LOSSES ON LINE 2 DO NOT OFFSET W-2 INCOME FROM LINE 1) . . . . .	\$ _____	\$ _____
4. MUNICIPAL TAX 1½% OF LINE 3 . . . . .	\$ _____	\$ _____
5. CREDITS		
A. TAX WITHHELD BY EMPLOYER FOR CITY OF HILLSBORO (DO <b>NOT</b> INCLUDE SCHOOL TAX) . . . . .	\$ _____	
B. ESTIMATED TAX PAID CITY OF HILLSBORO . . . . .	\$ _____	
(PRINTED AMOUNT MAY NOT REFLECT FOURTH QUARTER. PLEASE CALL FOR CURRENT AMOUNT)		
C. OTHER CITY TAX PAID (NOT TO EXCEED 1½%) . . . . .	\$ _____	
D. PRIOR YEAR OVERPAYMENTS . . . . .	\$ _____	
E. TOTAL CREDITS . . . . .	\$ _____	\$ _____
6. TAX DUE IF LINE 4 GREATER THAN LINE 5E, PAYMENT OF BALANCE MUST ACCOMPANY THIS RETURN . . . . .	TAX DUE \$ _____	\$ _____
<b>NOTE: REFUND OR TAX DUE OF LESS THAN \$10.00 NOT PAYABLE</b>		
A. PENALTY \$ _____	INTEREST \$ _____	TOTAL \$ _____
B. TOTAL AMOUNT DUE . . . . . \$ _____		

7. OVERPAYMENT TO BE REFUNDED \$ \_\_\_\_\_ OR CREDITED \$ \_\_\_\_\_ TO NEXT YEAR ESTIMATE

**NO TAXES OR REFUNDS OF LESS THAN \$10.00 SHALL BE COLLECTED OR REFUNDED.**

**DECLARATION OF ESTIMATED TAX**

8. TOTAL INCOME SUBJECT TO TAX \$ _____ : MULTIPLY BY TAX RATE OF 1½% FOR GROSS TAX OF . . . . .	\$ _____
9. LESS EXPECTED TAX CREDITS	
A. WITHHELD BY AN EMPLOYER (NOT TO EXCEED 1½%) . . . . .	\$ _____
B. OVERPAYMENT FROM PRIOR YEAR(S) . . . . .	\$ _____
C. PAYMENTS ON TAXABLE INCOME TO ANOTHER MUNICIPALITY (NOT TO EXCEED 1½%) . . . . .	\$ _____
D. TOTAL CREDITS . . . . .	\$ _____
10. NET TAX DUE (LINE 8 LESS LINE 9D) . . . . .	\$ _____
11. AMOUNT PAID WITH THIS DECLARATION (NOT LESS THAN ¼ OF LINE 10) . . . . .	\$ _____
12. TOTAL OF THIS PAYMENT (LINE 6B PLUS LINE 11) . . . . .	\$ _____
MAKE CHECKS PAYABLE TO HILLSBORO INCOME TAX BUREAU	

I CERTIFY THAT I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE. IF PREPARED BY A PERSON OTHER THAN TAXPAYER, THE DECLARATION IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE.

CHECK BOX IF WE MAY DISCUSS THIS RETURN WITH YOUR PREPARER

Signature of Person Preparing if Other Than Taxpayer \_\_\_\_\_ Date \_\_\_\_\_  
 Signature of Taxpayer or Agent \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 Signature of Taxpayer or Agent \_\_\_\_\_ Date \_\_\_\_\_

**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-2'S USED TO COMPUTE YOUR INCOME/WITHOLDINGS

City of Employment	Employer	Wages (W-2 Box 5)	City Tax Amount Withheld (W-2 Box)

TOTALS

**WORKSHEET B**  
 ATTACH COPIES OF FEDERAL FORMS AND SCHEDULES USED TO COMPUTE RETURN

	Schedules	Income/Loss from Federal Schedules
1.	<b>Schedule C - Income</b> (Combine the net income or loss of all Schedules C's)	\$
2.	<b>Schedule E - Rental Income</b> (Residents enter profit/loss from ALL properties. Nonresidents enter only profit/loss from City properties)	\$
3.	<b>Schedule K-1 - Partnership Income</b> (Residents enter profit/loss from entities that do not withhold City tax)	\$
4.	<b>Miscellaneous Income</b> - Gambling Income, 1099-MISC, W-2G, Schedule F, etc	\$
5.	<b>Total Income/Loss (Combine Lines 1 through 5 and enter this amount on Pg 1 Line 2)</b>	

**QUESTIONNAIRE**

Please complete the following:  
 Do you own rental property? .....  Yes  No  
 If yes, Schedule E is required.

Tenant Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Address \_\_\_\_\_  
 Date occupied by this tenant \_\_\_\_\_  
 SS# \_\_\_\_\_

Tenant Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Address \_\_\_\_\_  
 Date occupied by this tenant \_\_\_\_\_  
 SS# \_\_\_\_\_

Tenant Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Address \_\_\_\_\_  
 Date occupied by this tenant \_\_\_\_\_  
 SS# \_\_\_\_\_

Tenant Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Address \_\_\_\_\_  
 Date occupied by this tenant \_\_\_\_\_  
 SS# \_\_\_\_\_

Tenant Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Address \_\_\_\_\_  
 Date occupied by this tenant \_\_\_\_\_  
 SS# \_\_\_\_\_