

Form #IR File With HAMILTON INCOME TAX DIV. 345 High Street, Suite 410 Hamilton, Ohio 45011 Phone #: 513/785-7400 Toll Free #: 1-800-854-1684 FAX #: 513/785-7401	2004 PERSONAL INCOME TAX RETURN 2004		AN EXTENSION WILL BE GRANTED PROVIDED ALL REQUIREMENTS OF THE LOCAL ORDINANCE HAVE BEEN MET, AND A COPY OF THE EXTENSION HAS BEEN FILED WITH OUR OFFICE BEFORE APRIL 15.
	<input type="checkbox"/> * HAMILTON - 2% <input type="checkbox"/> OXFORD - 1.75% <input type="checkbox"/> BUTLER COUNTY ANNEX - 2% *FILING REQUIRED EVEN IF NO TAX DUE	<input type="checkbox"/> EATON - 1.5% <input type="checkbox"/> NEW MIAMI - 1.75% <input type="checkbox"/> *WEST MILTON - 1.5% <input type="checkbox"/> *PHILLIPSBURG - 1.5%	

DUE ON OR BEFORE APRIL 15, 2005

NAME AND ADDRESS: INDICATE CHANGE BY CHECKING NAME ADDRESS EFFECTIVE DATE _____

TAXPAYER'S NAME, ADDRESS _____ ACCOUNT NO. _____

*****SHORT FORM*****

DID YOU HAVE W-2 INCOME? YES NO

DID YOU OWN RENTAL PROPERTY? YES NO

DID YOU PARTICIPATE IN A BUSINESS OR PARTNERSHIP? YES NO

FOR HAMILTON, OXFORD, AND WEST MILTON RESIDENTS ONLY:

DID YOU HAVE GAMBLING WINNINGS? YES NO

IF ALL ANSWERS ARE NO PLEASE MARK THEM, SIGN BELOW AND MAIL TO ADDRESS IN UPPER LEFT CORNER

PART TIME RESIDENT FROM _____ TO _____

IF RENTING A RESIDENCE, GIVE NAME AND ADDRESS OF OWNER _____

MUST FILE A SEPARATE RETURN FOR EACH MUNICIPALITY

1. QUALIFYING WAGES (ATTACH ALL W-2'S).....	\$ _____
A. REDUCTION OF INCOME (SEE INSTRUCTIONS)	\$ _____
B. GAMBLING WINNINGS (HAMILTON, OXFORD, WEST MILTON).....	+ \$ _____
2. OTHER TAXABLE INCOME (SEE INSTRUCTIONS)	\$ _____
A. NET OPERATING LOSSES - CURRENT YEAR (SEE INSTRUCTIONS)	\$ _____
B. LOSS PER PREVIOUS INCOME TAX RETURNS (SEE INSTRUCTIONS)	\$ _____
C. TOTAL OF LINE 2A AND 2B.....	\$ _____
D. LINE 2 MINUS 2C (SEE INSTRUCTIONS)	\$ _____
3. TAXABLE INCOME: LINE 1 MINUS LINE 1A, PLUS LINE 1B, PLUS LINE 2D	\$ _____
4. MUNICIPAL TAX OF AMOUNT ON LINE 3	\$ _____
5. CREDITS	
A. TAX WITHHELD BY EMPLOYER(S) FOR THIS MUNICIPALITY	\$ _____
B. TAX PAID MUNICIPALITY OF _____ NOT TO EXCEED	\$ _____
C. TOTAL OF LINES 5A & B.....	\$ _____
D. LINE 4 MINUS 5C	NET TAX DUE \$ _____
E. 2004 ESTIMATED TAX PAID INCLUDING PREVIOUS YEAR OVERPAYMENT TO THE MUNICIPALITY OF	\$ _____
6. IF LINE 5D IS GREATER THAN LINE 5E, PAYMENT OF BALANCE MUST ACCOMPANY THIS RETURN. 2004 TAX DUE.....	\$ _____
A. \$ _____ PENALTY & INTEREST	\$ _____ LATE FEE
\$ _____ FAILURE TO PAY ESTIMATE	\$ _____ TOTAL ASSESSMENTS
B. TOTAL TAX AND ASSESSMENTS DUE (LINES 6 & 6A)	\$ _____
7. IF LINE 5E IS GREATER THAN 5D OVERPAYMENT TO BE REFUNDED \$ _____ OR CREDITED TO 2005 \$ _____ (CARRY TO 2005 CREDIT LINE 12a)	
2005 DECLARATION OF ESTIMATED TAX (SEE INSTRUCTIONS)	
8. ESTIMATED INCOME SUBJECT TO TAX	\$ _____
9. OF AMOUNT SHOWN ON LINE 8	\$ _____
10. LESS TAX TO BE WITHHELD FOR CITY OF	\$ _____
11. BALANCE OF TAX DECLARED FOR ENTIRE YEAR	\$ _____
12. CREDITS a. OVERPAYMENT - FROM LINE 7	\$ _____
b. PAYMENT OF PREVIOUS 2005 DECLARATION	\$ _____
13. NET TAX DUE (LINE 11 LESS LINES 12a & 12b)	\$ _____
14. AMOUNT PAID WITH THIS RETURN (NOT LESS THAN 25% OF LINE 11) (LESS CREDITS FROM 12a & 12b).....	\$ _____
15. TOTAL AMOUNT DUE (TOTAL OF LINE 6B & 14)	DUE BY APRIL 15, 2005 \$ _____

CHECK OR MONEY ORDER SHOULD BE MADE PAYABLE TO THE CITY OF HAMILTON. AMOUNTS OF LESS THAN ONE DOLLAR (\$1.00) SHALL NOT BE COLLECTED, REFUNDED OR CREDITED. PAY TAXES TIMELY TO AVOID PENALTY AND/OR INTEREST. SEE THE BOTTOM OF PAGE TWO TO PAY BY CREDIT CARD.

MAY THE TAX OFFICE DISCUSS THIS RETURN WITH THE PREPARER SHOWN BELOW? () YES () NO

_____ SIGNATURE OF TAXPAYER OR AGENT	_____ DATE
_____ SIGNATURE OF PERSON PREPARING IF OTHER THAN TAXPAYER	_____ DATE
_____ DAYTIME PHONE # _____	_____ SIGNATURE OF SPOUSE
	_____ DATE
	_____ DAYTIME PHONE # _____

COMPLETE ITEMS IN SECTIONS A-C IF YOU HAVE OTHER TAXABLE INCOME.

SECTION A

PROFIT FROM ANY BUSINESS OWNED (ATTACH COPY OF FEDERAL SCHEDULE C) \$ _____

DO YOU USE SUBCONTRACT LABOR TO PERFORM WORK IN THIS MUNICIPALITY? YES NO IF YES, COPIES OF 1099's ISSUED MUST BE SUBMITTED TO THIS OFFICE WITHIN 4 MONTHS AFTER THE END OF THE TAX YEAR.

DO YOU HAVE EMPLOYEES WORKING IN THIS MUNICIPALITY? YES NO IF YES, COPIES OF EMPLOYEES W-2 FORM MUST BE SUBMITTED BY FEBRUARY 28TH.

SECTION B

SCHEDULE E - INCOME FROM RENTS ... ATTACH FEDERAL SCHEDULE E PAGE 1 AND 2

KIND & LOCATION OF PROPERTY	NUMBER OF MONTHS RENTED IN 2004	AMOUNT OF MONTHLY RENTAL	AMOUNT OF RENT	DEPRECIATION (Attach Schedules)	REPAIRS (Attach List)	OTHER EXPENSES (Attach List)	NET INCOME OR LOSS

NET INCOME (OR LOSS) SCHEDULE E \$ _____

SECTION C

OTHER TAXABLE INCOME (ATTACH APPROPRIATE FEDERAL SCHEDULE SUCH AS SCHEDULE F, 4797, 6252, ETC) \$ _____

TOTAL OTHER TAXABLE INCOME (SECTIONS A THRU C) INSERT ON LINE 2, PAGE 1 \$ _____

TOTAL NET OPERATING LOSSES (SECTIONS A THRU C) INSERT ON LINE 2A, PAGE 1 \$ _____

SEE INSTRUCTIONS ON SEPARATE PAGE FOR COMPLETION OF LINES 1 THRU 15

NOTE: UNLESS ACCOMPANIED BY COPIES OF APPROPRIATE FEDERAL SCHEDULES AND PAYMENT OF THE BALANCE OF THE 2004 TAX DECLARED DUE (LINE 15) THIS FORM IS NOT A LEGAL FINAL RETURN.

HAS YOUR FEDERAL TAX LIABILITY FOR ANY PRIOR YEAR BEEN CHANGED THIS YEAR AS A RESULT OF AN EXAMINATION BY THE INTERNAL REVENUE SERVICE? YES NO. IF YES, HAS AN AMENDED RETURN BEEN FILED FOR SUCH YEAR OR YEARS? YES NO. DID YOU RECEIVE OR APPLY FOR A REFUND FROM ANY OTHER MUNICIPALITY IN 2004? YES NO. IF SO, GIVE NAME OF MUNICIPALITY _____ AMOUNT OF REFUND _____ YEAR REFUND WAS FOR _____

TELEPHONE # _____

EMPLOYER IN 2004 _____

PRESENT EMPLOYER _____

DID YOU FILE A RETURN FOR 2003? YES NO

NOTE: IF RETURN IS NOT DUE CHECK BOX AND ATTACH WRITTEN EXPLANATION. LATE FILING OF THIS RETURN SUBJECTS HAMILTON TAXPAYERS TO A MINIMUM PENALTY OF \$25.00.

NOTE: PAGE 2 MUST BE COMPLETED IF YOU HAVE TAXABLE RENTAL PROPERTY OR BUSINESS INCOME. IN LIEU OF COMPLETING PAGE 2, YOU CAN ATTACH THE APPROPRIATE FEDERAL SCHEDULES.

A REQUEST FOR EXTENSION MUST BE FILED PRIOR TO APRIL 15. AN EXTENSION IS TO PROVIDE ADDITIONAL TIME TO FILE. PAYMENTS ARE NOT EXTENDED.

NOTICE: BY LAW, ALL REFUNDS AND CREDITS IN EXCESS OF \$10.00 ARE REPORTED TO IRS. 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.

To pay by credit card you must complete the following:

Check One: Visa _____ or Mastercard _____

(16 digits) # _____ - _____ - _____ - _____ Card Expiration Date _____ / _____

Total Amount Authorized \$ _____

For 2004 \$ _____ For 2005 Estimate \$ _____

Signature _____

Daytime Phone Number _____