

- ASHTABULA CITY INCOME TAX -

For Calendar Year **2003** or

Fiscal Period \_\_\_\_\_ to \_\_\_\_\_  
 Due April 15<sup>th</sup> or 105 days after the end of fiscal period.

(Tax Office Use Only)

Code No. \_\_\_\_\_  
 Chg. \_\_\_\_\_ M.O. \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_  
 Paid with this Return

**IMPORTANT: \*ALL Federal Schedules MUST be attached. Any return received without the appropriate Schedules will be marked "INCOMPLETE" and returned to the taxpayer. Completed returns must be received by April 15<sup>th</sup> to avoid penalty and interest charges. Return not considered filed unless properly signed and dated.**

_____  _____  Make name and address corrections as necessary	20__ Residency Status (check one) <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Partial Year Resident from _____ to _____  Your Soc.Sec.No. _____ Spouse's Soc.Sec.No. _____  Fed. I.D. No. _____
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**W-2 COPIES MUST BE ATTACHED**

①	C		A
4797		P	
E		P	
F		L	
2106		I	
K-1		C	
1120		A	
1120S		B	
1065		L	
1041		E	
1099		S	
Misc.		C	
4868		H	
7004		E	
		D	
		U	
		L	
		E	
		S	
		C	
		H	
		E	
		D	
		U	
		L	
		E	

EMPLOYER'S NAME	ASHTABULA TAX WITHHELD	OTHER CITY TAX W/H NOT TO EXCEED 1.8%	TOTAL WAGES
1. Totals .....	a	b	c

2. Income other than wages (Appropriate Federal Schedules must be attached) ① .....	\$
3. Adjustment from Schedule X (Page 2) .....	\$
4. Total income (Line 1-c and/or 2 and 3) .....	\$
5. Amount allocable to Ashtabula – If schedule Y is used _____ % .....	\$
6. Total Taxable income (Line 4 or 5) .....	\$
7. Municipal tax due (1.8% of Line 6) .....	\$
8. Credits: (A) Ashtabula City Tax Withheld (Line 1-A) .....	\$
(B) Estimated Tax Paid .....	\$
(C) Tax paid to other Cities (Line 1-B) .....	\$
(D) Total Credits Allowable .....	\$
9. TAX DUE (Line 7 less 8-D) .....	\$
10. Penalty \$ _____ (\$50.00 Late Filing or 10% of Tax Owed. Min. \$50.00) .....	\$
Interest \$ _____ (12% Per Year Total) .....	\$
11. <b>Total Amount Due</b> (Make Check payable to Ashtabula City Income Tax) .....	\$
<b>MASTERCARD AND VISA ACCEPTED AT TAX OFFICE ONLY!</b>	
12. Overpayment (Line 8-D less Line 7)	
(A) Credited to next year .....	\$
(B) Refunded .....	\$

IF TAX DUE  
 CALCULATES TO  
 LESS  
 THAN \$1.00 NO  
 REMITTANCE IS  
 DUE

**NO REFUNDS ISSUED FOR LESS THAN \$1.00**

**DECLARATION OF ESTIMATED TAX FOR 2004**

13. Total Estimated Income Subject to Tax _____ X TAX RATE OF 1.8% FOR GROSS TAX OF .....	\$
14. Ashtabula Tax to be withheld _____ Credit for Tax Withheld or Paid to another city _____	
15. Total of Line 14 (Box 1 plus 2) .....	\$ (            )
16. NET TAX DUE (Subtract Line 15 from Line 13) .....	\$
17. AMOUNT DUE WITH ESTIMATE ¼ of Line 16 .....	\$
18. Overpayment from previous year – Credit from (Line 12A) (If Applicable) .....	\$ (            )
19. Subtract Line 18 From Line 17 – AMOUNT DUE WITH ESTIMATE on or before April 15, 2004 .....	\$

I certify I have examined this return including accompanying schedules and statements, and to the best of my knowledge and belief it is true, and correct.

Signature of Person Preparing, if Other than Taxpayer	Date	Signature of Taxpayer or Agent (Required)	Date
Address or Name and Address of Firm or Employer – Phone No. (    )		Signature of Spouse, if joint return	Date