

CITY OF PERRYSBURG
Income Tax Return Form EZ
For Calendar Year 2017
Due on or before April 17, 2018

Review list of conditions on reverse side to determine if you are eligible to file Form EZ

(TAX OFFICE USE)			
NTL	_____	_____	_____
OF/OR	_____	DATE _____ Yr _____	_____
EST	_____	CSR _____	_____

TAXPAYER'S NAME(S), ADDRESS & FILE NUMBER

File # _____

All residents must file a tax return — either Form EZ or Form P. The City of Perrysburg has a universal filing requirement.

Taxpayer's social security number _____

Spouse's social security number _____

If you have moved, what is your new address? _____ Date moved _____

Landlord's name and address if applicable: _____

Should we deactivate your account? YES NO Effective date: _____

Reason for deactivation: Moved Deceased No future tax filing required because:* _____
 *If you have taxable income again, you will be required to file.

Complete item 1 or item 2 below; then sign, date, and submit your tax return by the filing due date.

1. **I(We) have read and understand the instructions and have no taxable income.**
2. **Taxable income as shown in either Box 5 or Box 18 whichever is higher on the W-2 form(s).....** _____
(Attach W-2's to this return)

A. Tax at 1.5% of income	Multiply amount on line 2 above by .015	_____	A
B. Perrysburg income tax withheld by employer		_____	B
C. Other city income tax withholding credit (attach W-2's)	From worksheet on page 2	_____	C
D. Estimates paid:			
1Q – 04/15/2017	Date Paid _____	Amt Paid _____	
2Q – 06/15/2017	Date Paid _____	Amt Paid _____	
3Q – 09/15/2017	Date Paid _____	Amt Paid _____	
4Q – 12/15/2017	Date Paid _____	Amt Paid _____	
Total.....			D
E. Carryover credit from prior tax year		_____	E
F. Tax due = Line A less Lines B, C, D, E (You must make estimates if A-B-C is \$200 or more)		_____	F
G. Refund or Carryover amount – Check box below		_____	G

Refund _____ Use toward 2018 Estimate _____

Office Use Only: Penalty _____ Interest _____ Late Filing Fee _____
 Amounts less than \$10.00 will not be refunded, billed or carried forward. **Total** _____

Make checks payable to: **City of Perrysburg Tax Commissioner**

Mail payment to:
 CITY OF PERRYSBURG TAX COMMISSIONER
 P.O. BOX 490
 PERRYSBURG, OH 43552-0490

Mail refund request to:
 CITY OF PERRYSBURG TAX COMMISSIONER
 P.O. BOX 428
 PERRYSBURG, OH 43552-0428

Mail all others to:
 CITY OF PERRYSBURG TAX COMMISSIONER
 201 W. INDIANA AVENUE
 PERRYSBURG, OH 43551-1582

- Quarterly estimated tax payments are required for taxpayers with a tax liability after withholding credits of more than \$200.00.
- Late payment penalty of 15% is charged on unpaid income tax balance (including unpaid or underpaid estimated tax). Interest is 0.50% per month on past due tax.
- If your return is postmarked after midnight of the due date, a late filing penalty of \$25.00 is charged per month (maximum penalty of \$150.00).

THE UNDERSIGNED DECLARES THAT THIS RETURN IS A TRUE, CORRECT, AND COMPLETE RETURN FOR THE TAX PERIOD STATED.
Check box to authorize the Income Tax Division to discuss your return with your preparer.

 Signature of Taxpayer Date Phone Daytime Evening

 Signature of Taxpayer Date Phone Daytime Evening

 Signature of Preparer Date Print or Type Preparer's Name, Address, and Phone Number

NOTE: ATTACH ALL W-2'S SHOWING MEDICARE WAGES AS WELL AS CITY WAGES AND CITY WITHHOLDING

You are eligible to file City of Perrysburg Form EZ or E-File at www.ci.perrysburg.oh.us if you

- Had only W-2 income
- Lived in Perrysburg the entire year

Do not use the City of Perrysburg Form EZ or E-File if you:

- Had S corporation, Partnership, Rental, Farm, or other Business income
- Had taxable 1099-Misc or 1099-C income
- Filed for a non-resident refund from another city f the 2014 tax year
- Claimed IRS Fo ses as a deduction

Call City of Perrysburg Tfice at 419.872.8035 if you have questions.

CALCULATION OF OTHER CITY WITHHOLDING TAX CREDIT

Call our office or search on *Tax Municipalities* at columbusax.net for tax rate of other Ohio cities.

1. Determine the rate of withholding for the city in which you work, then complete the table below. This table assumes taypayer wages are fully withheld in the work city.

City	A W-2 Box 18 wages for other city	Tax paid to other city	Other city tax rate	Perrysburg tax rate	Lower rate	B 50% of lower rate	A X B = credit
			%	1.5%	%	%	
			%	1.5%	%	%	
			%	1.5%	%	%	
2. Total credit for taxes paid to other cities (transfer amount to line 2C on page 1)							

Example of calculation:

City	A W-2 Box 18 wages for other city	Tax paid to other city	Other city tax rate	Perrysburg tax rate	Lower rate	B 50% of lower rate	A X B = credit
Walbridge	10,000.00	\$150.00	1.5%	1.5%	1.5%	.75%	\$75.00
Toledo	7,000.00	\$157.50	2.25%	1.5%	1.5%	.75%	\$52.50
Findlay	5,000.00	\$50.00	1.0%	1.5%	1.0%	.50%	\$25.00
TOTAL OTHER CITY CREDIT							\$152.50

<p>IRS: 800.829.1040 Form request: 800.829.3676 Web address: http://www.irs.gov</p>	<p>State and School District Income Tax Form request: 800.282.1782 Web address: http://www.tax.ohio.gov</p>	<p>Search to determine if your address is within the city limits Web address: http://auditor.co.wood.oh.us</p>
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