



**INDIVIDUAL INCOME
TAX RETURN 2018**
FILE ON OR BEFORE APRIL 15, 2019

FORM IR-EZ

Primary social security number _____

Secondary social security number _____

Account Number _____

Name _____

Current Address _____

If partial year resident, indicate previous address _____

Resident

Date moved in _____

Non Resident

Date moved out _____

Phone # _____

THIS FORM CAN ONLY BE USED IF A TAXPAYER IS FULLY WITHHELD & NOT REQUIRED TO MAKE ESTIMATED PAYMENTS.

INCOME	1. Total W-2 wages - For multiple W-2's, complete Worksheet A below. (W-2's MUST BE ATTACHED)...	1	\$ _____
	2. Part-year resident adjustment - Attach explanation for calculation	2	\$ _____
	3. Total taxable wages - Subtract line 2 from Line 1	3	\$ _____

WORKSHEET A - SALARIES, WAGES, TIPS & OTHER EMPLOYEE COMPENSATION

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6
<i>City Where Employed</i>	<i>Box 5 - Medicare Wages (from W-2)</i>	<i>Months Worked at Company</i>	<i>Monroe Tax Withheld</i>	<i>*Other City Tax Withheld</i>	<i>Credit for Taxes Withheld to Other City/JEDD</i>
A.					
B.					
C.					
D.					
TOTALS					

Enter On

Line 6 below

Line 9 below

TAX	4. MONROE INCOME TAX. Multiple line 3 by 2% (.02)	4	\$ _____
	5. Resident Homeowner Credit - If you qualify, multiply line 3 by 0.5% (0.005)	5	\$ _____
TAX WITHHELD, PAYMENTS, & CREDITS	6. Monroe income tax withheld from W-2(s) - From column 4 above	6	\$ _____
	7. Prior year overpayments	7	\$ _____
	8. Estimated Payments	8	\$ _____
	9. Credit for taxes withheld to other cities	9	\$ _____
	10. TOTAL PAYMENTS & CREDITS - Add Lines 5 through 9	10	\$ _____
BALANCE DUE OR REFUND	11. TAX DUE - If line 4 is more than line 10, enter balance due (ENTER 0 IF \$10 OR LESS)	11	\$ _____
	12. Late Filing Penalty: \$25 per month, not to exceed \$150	12	\$ _____
	13. Late Payment Penalty: 15% of the amount not paid timely	13	\$ _____
	14. Late Payment Interest	14	\$ _____
	15. TOTAL DUE - Add Lines 11 through 15. Enter 0 if \$10 or less	15	\$ _____
	16. OVERPAYMENT - If line 4 is less than line 10, enter result less lines 12-14. Enter 0 if \$10 or less	16	\$ _____

The undersigned declares that this return (& accompanying W-2's & supporting documents) is a true, correct, & complete return for the taxable period stated, and that the figures used herein are the same as used for Federal Income Tax purposes.

If this return was prepared by a tax practitioner, check here if we may contact him/her directly with questions regarding the preparation of this form.

SIGNATURE OF PREPARER, IF OTHER THAN TAXPAYER _____

DATE _____

NAME OF PREPARER _____

TELEPHONE NUMBER _____

SIGNATURE OF TAXPAYER _____

DATE _____

SIGNATURE OF SPOUSE (IF JOINT RETURN) _____

TELEPHONE NUMBER _____

**ATTACH W-2s,
FED 1040 Pg 1 & 2
and FED SCH 1**

File with the City of Monroe
Division of Taxation

P.O. Box 629
Monroe, OH 45050