



**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

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

NAME OF PREPARER

TELEPHONE NUMBER

SIGNATURE OF TAXPAYER

DATE

File with the City of Monroe
Division of Taxation

SIGNATURE OF SPOUSE (IF JOINT RETURN)

TELEPHONE NUMBER

P.O. Box 629
Monroe, OH 45050