



Primary social security number

Secondary social security number

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

NAME AND CURRENT ADDRESS

(If you were a part-year resident, please also provide your previous address.)

Resident  Date moved in \_\_\_\_\_

Non Resident  Date moved out \_\_\_\_\_

Email \_\_\_\_\_

Phone # \_\_\_\_\_

ATTACH W-2s,  
 FED 1040 Pg 1 & 2 and FED SCH 1  
 FED SCHS C, E, & F  
 W2-G, FORM 4797, 1099-MISC, & OTHER CITY RETURNS

**PART A - INCOME**

**OFFICE USE ONLY**

1. Total Qualifying Wages (generally Box 5 of Form W-2) - <b>Attach W-2 Forms</b> <i>For multiple W-2's, complete Worksheet A on Page 2. For part-year residents, complete Worksheet B on Page 2.</i>	1	\$ _____	\$ _____
2. Total Other Taxable Income (Complete Worksheet C on Page 2) - <b>Attach Federal 1040 Schedules</b>	2	\$ _____	\$ _____
3. Total MONROE TAXABLE INCOME (Add Lines 1 and 2)	3	\$ _____	\$ _____

**PART B - TAX**

4. MONROE INCOME TAX - Multiple Line 3 by 2% (.02)	4	\$ _____	\$ _____
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**PART C - TAX WITHHELD, PAYMENTS, & CREDITS**

5. Resident Homeowner Credit - If you qualify, multiply Line 3 by 0.5% (0.005)	5	\$ _____	\$ _____
6. Total Monroe Tax Withheld (From Page 2 Worksheet A, Column 4)	6	\$ _____	\$ _____
7. Credit for Taxes Withheld to Other Cities (From Page 2 Wkst A, Column 6)	7	\$ _____	\$ _____
8. Prior Year Overpayments	8	\$ _____	\$ _____
9. Estimated Payments	9	\$ _____	\$ _____
10. TOTAL PAYMENTS & CREDITS (Add Lines 5 through 9)	10	\$ _____	\$ _____

**PART D - BALANCE DUE OR REFUND**

11. <b>TAX DUE</b> - If Line 4 is more than Line 10, enter balance due ( <b>ENTER 0 IF \$10 OR LESS</b> )	11	\$ _____	\$ _____
12. Penalty, Late Filing: \$25 per month, not to exceed \$150	12	\$ _____	\$ _____
13. Penalty, Late Payment: 15% of all tax not timely paid	13	\$ _____	\$ _____
14. Interest, Late Payment: Imposed on all tax not timely paid	14	\$ _____	\$ _____
15. <b>TOTAL DUE</b> - Add Lines 11 through 14 ( <b>ENTER 0 IF \$10 OR LESS</b> )	15	\$ _____	\$ _____
16. <b>OVERPAYMENT</b> - If Line 4 < Line 10, enter result less Lines 12-14 ( <b>ENTER 0 if \$10 OR LESS</b> )	16	\$ _____	\$ _____
(A) Amount from Line 16 to be CREDITED to Next Year ( <b>ENTER 0 IF \$10 OR LESS</b> )		\$ _____	
(B) Amount from Line 16 to be REFUNDED ( <b>ENTER 0 if \$10 OR LESS</b> )		\$ _____	

**PART E - DECLARATION OF ESTIMATED TAX FOR 2019** (For taxpayers with a net tax liability of at least \$200)

17. Total Estimated Income Subject to Tax \$ _____ . <b>Multiply by applicable tax rate.</b>	17	\$ _____	\$ _____
18. Monroe Tax to be Withheld or Credit for Tax Paid to Other Cities	18	\$ _____	\$ _____
19. 2019 Estimated Tax Due (Line 17 minus Line 18)	19	\$ _____	\$ _____
20. <b>DECLARATION DUE</b> (Multiply Line 19 by 25%, then subtract Line 16A above)	20	\$ _____	\$ _____
<b>21. TOTAL AMOUNT DUE</b> - Add Lines 15 and 20. <i>Make checks payable to City of Monroe.</i>	21	\$ _____	\$ _____

The undersigned declares that this return (& accompanying W-2's & supporting documents) is a true, correct, & complete return for the taxable period stated.

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 \_\_\_\_\_ SIGNATURE OF TAXPAYER \_\_\_\_\_ DATE \_\_\_\_\_

NAME OF PREPARER \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_ SIGNATURE OF SPOUSE (IF JOINT RETURN) \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

All appropriate Federal schedules and forms MUST be attached. A return is NOT complete unless schedules and forms are included.

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

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6
<i>Municipality Where Wages Were Earned</i>	<i>Medicare Wages (Box 5 of W-2)</i>	<i>Months Worked at Company</i>	<i>Monroe Tax Withheld (Box 19 of W-2)*</i>	<i>Other City Tax Withheld (Box 19 of W-2)</i>	<i>Credit for Taxes Withheld to Other City/JEDD***</i>
A.					
B.					
C.					
D.					
<b>TOTALS</b>					
↳ Pg 1, Line 1		↳ Pg 1, Line 6		↳ Pg 1, Line 7	
* USE ONLY IF "MONROE" IS IN BOX 20 OF THE W-2					
** USE ONLY IF CITY OTHER THAN "MONROE" IS IN BOX 20 OF THE W-2 (Sum of Column 4 & 5 CANNOT exceed Amount in Column 2)					
*** MULTIPLE COLUMN 2 ABOVE BY 1.5% IF TAKING RESIDENT HOMEOWNER CREDIT ON PAGE 1, LINE 5. MULTIPLE COLUMN 2 ABOVE BY 2.0% IF NOT TAKING THE RESIDENT HOMEOWNER CREDIT. (Enter smaller of the calculated amount or Box 19 of W-2)					
2018 Refund from another City? Calculate Column 6 credit using Final Wages taxable to other City, NOT Box 18 amount. Attach Documentation					
Part Year Resident? Remember, Column 2 may need to be prorated. Complete Worksheet B below.					

**WORKSHEET B - PART YEAR RESIDENT CALCULATION**

Column 1	Column 2		Column 3			Column 4	Column 5	Column 6	Column 7
<i>City Where Employed</i>	<i>Dates Wages Earned</i>		<i>Work Day Calculations</i>			<i>Box 5 - Medicare Wages (from W-2)</i>	<i>Monroe Wages**** Col 4 x Col 3C</i>	<i>Work City Tax Withheld</i>	<i>Work City Taxes Withheld while Monroe Resident Col 6 x Col 3C</i>
	<i>From Date MM/DD/YY</i>	<i>Thru Date MM/DD/YY</i>	<i>A. Total Calendar Days</i>	<i>B. Days Lived in Monroe</i>	<i>C. MON % Col. B div Col. A</i>				
A.									
B.									
C.									
D.									
<b>TOTALS</b>									
↳ Wkst A, Col 2						↳ Wkst A, Col 5			
****All Income earned in Monroe is fully taxable regardless of residency.									

**WORKSHEET C - OTHER TAXABLE INCOME**

	Column 1	Column 2	Column 3
	<i>Income/Loss from Federal Schedules</i>	<i>% Taxable to Monroe (Full Year Residents 100%)</i>	<i>Taxable Income (A x B)</i>
* <b>Attach all Federal 1040 Schedules and Other Applicable Documentation.</b> * <i>If income is taxed by other cities, attach copies of the other city returns.</i>			
1. SCHEDULE C - Total Business Income (Loss) (Form 1040 - Sch 1, Line 12)			
2. SCHEDULE F - Total Farm Income (Loss) (Form 1040 Sch 1, Line 18)			
3A. SCHEDULE E - Net Rental Income/Loss (3A +3B +3C = Form 1040 Sch 1, Line 17)			
3B. SCHEDULES E & K-1 - Net Income (Loss) from Partnerships			
3C. SCHEDULE E - Net Income (Loss) from S Corporations, Estates and Trusts, Other			
4. FORM 4797 - Ordinary Income (Loss) (Form 1040 Sch 1, line 14)			
5A. 1099-MISC - If not included in Schedule C (5A +5B +5C = Form 1040 Sch 1, Line 21)			
5B. FORM W-2G - Gambling and Lottery Winnings			
5C. Total OTHER INCOME (Commissions, Tips, Prizes, Jury Duty, etc.)			
6A. PRIOR YEAR LOSSES Carried Forward and Used in Current Year Years: 2013 _____ + 2014 _____ + 2015 _____ + 2016 _____ <i>2013-2016 NOL Total being used →</i>			
6B. Year: 2017 _____ (Amount of 2017 loss being used cannot exceed 50% of either the loss or the total 2018 "other income" not covered by 2013-2016 losses.) <i>2017 50% LIMIT being used →</i>			
7. <b>TOTAL OTHER TAXABLE INCOME</b> (Combine Line 1 through Line 6)			
<i>Net loss from a business activity cannot be used to offset wage earnings. Do NOT enter amounts less than zero on Page 1.</i>			↳ Pg 1, Line 2

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

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6
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E.					
F.					
G.					
H.					
I.					
J.					
K.					
L.					
M.					
N.					
O.					
P.					
Q.					
R.					
S.					
T.					
U.					
V.					
W.					
X.					
Y.					
Z.					
<i>TOTALS</i>					

↳ Pg 1, Line 1

↳ Pg 1, Line 6

↳ Pg 1, Line 7

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