

MAKE CHECK OR MONEY ORDER TO:
 CITY OF MONROE

INCOME TAX
 PO BOX 629
 MONROE OH 45050

Voice 513-539-7374 Fax 513-539-6209
 tax@monroehio.org

INDIVIDUAL - Tax Year _____
CITY OF MONROE
INCOME TAX RETURN
A COPY OF THE FEDERAL 1040
IS REQUIRED

Taxpayer's Social Security No.	
Home Telephone No.	Business Telephone No.
Spouse's Social Security No.	
Spouse's Name	
Home Telephone No.	Business Telephone No.

Name _____

And _____

Address _____

Filing Status

Single RESIDENT

Married filing joint NON-RESIDENT

Married filing separate

IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES

INTO _____ / _____ / _____

OUT OF _____ / _____ / _____

IF YOU RENT, PLEASE GIVE LANDLORD'S INFORMATION

NAME _____

ADDRESS _____

Income

1 Wages, salaries, tips, etc. 1 _____

2 Other taxable income 2 _____

3 Total taxable income (add lines 1 and 2) 3 _____

Tax and Credits

4 Monroe tax due before credits (1.500% of line 3) 4 _____

5 Estimated tax payments made to Monroe 5 _____

6 Taxes withheld and paid to Monroe 6 _____

7 Overpayment from prior year(s) 7 _____

8 Taxes withheld and paid to other localities 8 _____

Credit cannot exceed 100.0% of tax withheld up to 1.50% of income earned in each location.

9 Total credits (add lines 5 through 8) 9 _____

Refund (Issued if greater than 10.00)

10 If line 9 is greater than line 4, subtract line 4 from line 9. This is the amount you overpaid 10 _____

11 Amount of line 10 to be credited to next years estimate 11 _____

12 Amount of line 10 to be refunded 12 _____

Tax Due (if greater than 10.00)

13 If line 4 is more than line 9, subtract line 9 from 4, this is the tax amount you owe 13 _____

14 Penalties and interest **Late File** _____ **Late Pay** _____ **Late Estimate** _____ **Interest** _____ 14 _____

Declaration of Estimate For Tax Year _____

15 Estimated income 15 _____

16 Estimated tax due. Multiply line 15 by 2.00% 16 _____

17 Taxes to be withheld and paid to Monroe and other localities 17 _____

18 Prior credit applied to estimated tax payments (From line 11) 18 _____

19 Net estimated tax due (subtract line 17 and 18 from 16) 19 _____

20 Minimum amount due for first quarter (multiply line 19 by 25%) 20 _____

Amount You Owe

21 Total amount due (add lines 13, 14 and 20) 21 _____

 Taxpayer's Signature Date

 Spouse's Signature Date

 Tax Preparer's Signature Date

(If other than taxpayer) Phone No. _____

Tax Office Use Only : Tax Office Use Only : Tax Office Use Only
DATE RECEIVED _____
FEDERAL 1040
SIGNATURE ON FORM
REFUND
ESTIMATED TAXES DUE
BALANCE DUE
PAYMENT RECEIVED

May CITY OF MONROE discuss this return with the preparer shown above ___Yes ___No