

2020 INDIVIDUAL TAX RETURN

FILE ON OR BEFORE APRIL 15, 2021



FILING IS REQUIRED - EVEN IF YOU HAVE NO INCOME OR NO TAX IS DUE

AMENDED RETURN

Primary SSN#: _____

Secondary SSN: _____

Name _____

Address _____

City/State/Zip _____

Email _____ **Phone:** _____

Resident Non Resident

Yes No Full-time student?

Yes No New Resident?

If you moved during the year, complete below.

Prior address: _____

Date moved to Monroe: _____

Date moved from Monroe: _____

FILING STATUS

Single Head of Household

Married filing joint return (do not have to file same status as Federal). Did you file a joint or separate Monroe return last year? Joint Separate

Married filing separate Monroe return.
Please enter spouse's SSN# number above and full name here: _____

| | | | |
|--|--|----------|--|
| INCOME | 1. Total Wages from page 2, Worksheet B, line E, column 1 (W-2s MUST BE ATTACHED) | \$ _____ | REQUIRED DOCUMENTS: W-2(s) 1040 (pg. 1) SCH 1 SCHS. C,E,F, K-1 1099-MISC 1099-NEC W2-G Other City RTN |
| | 1a. For part-time residents (complete Worksheet A on page 2) | \$ _____ | |
| | 2. Total Other Taxable Income (complete Worksheet C on page 2) ATTACH FEDERAL 1040 & SCHEDULES | \$ _____ | |
| 3. Total MONROE TAXABLE INCOME (Add Lines 1 and 2) | \$ _____ | | |
| TAX | 4. MONROE INCOME TAX - Multiple Line 3 by 2% (.02) | \$ _____ | |

| | | |
|--|---|----------|
| TAX WITHHELD, PAYMENTS, AND CREDITS | 5. Resident Homeowner Credit - If you qualify, multiply Line 3 by 0.5% (0.005) | \$ _____ |
| | 6. Total Monroe Tax Withheld (from page 2 Worksheet B, Column 3) | \$ _____ |
| | 7. Credit for Taxes Withheld to Other Cities (from page 2 Worksheet B, Column 5A or 5B) | \$ _____ |
| | 8. Prior Year Overpayments (carry-forward amounts) | \$ _____ |
| | 9. 2020 Estimated Payments made to Monroe | \$ _____ |
| | 10. TOTAL PAYMENTS & CREDITS (Add Lines 5 through 9) | \$ _____ |

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

DECLARATION OF ESTIMATED TAX FOR 2021 (REQUIRED IF ESTIMATED TAX LIABILITY IS \$200 OR GREATER)

| | | |
|-------------------------------|---|----------|
| ESTIMATE FOR NEXT YEAR | 17. Total Estimated Income Subject to Tax \$ _____. Multiply by applicable tax rate. | \$ _____ |
| | 18. Monroe Tax to be Withheld or Credit for Tax Paid to Other Cities | \$ _____ |
| | 19. 2020 Estimated Tax Due (Line 17 minus Line 18) | \$ _____ |
| | 20. DECLARATION DUE (Multiply Line 19 by 25%, then subtract Line 16A above) | \$ _____ |
| | 21. TOTAL AMOUNT DUE - Add Lines 15 and 20. Make checks payable to City of Monroe. | \$ _____ |

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

| WORKSHEET A - PART YEAR RESIDENT CALCULATION | | | | | | | | | |
|--|-----------------------|-----------------------|------------------------------|----------------------------|-------------------------------|--------------------------------------|----------------------|------------------------|--|
| Column 1 | Column 2 | | Column 3 | | | Column 4 | Column 5 | Column 6 | Column 7 |
| CITY WHERE EMPLOYED (other than Monroe) | DATES WAGES EARNED | | WORK DAY CALCULATIONS | | | MEDICARE WAGES | MONROE WAGES* | Work City Tax Withheld | Work City Taxes Withheld while Monroe Resident |
| | From Date MM/DD/YY | Thru Date MM/DD/YY | A. Total Calendar Days | B. Days Lived in Monroe | C. MON % Col. B div Col. A | Greater of Box 5 OR Box 18 of W-2 | Column 4 x Column 3C | | Col 6 x Col 3C |
| A. | | | | | | | | | |
| B. | | | | | | | | | |
| C. | | | | | | | | | |
| D. | | | | | | | | | |
| E. TOTALS (IF NONE ENTER ZERO) | | | | | | | \$ | | \$ |
| | | | | | | | ↳ Wkst B, Col 2 | | ↳ Wkst B, Col 5 |

*All income earned in Monroe is fully taxable regardless of residency.

| WORKSHEET B - SALARIES, WAGES, TIPS & OTHER EMPLOYEE COMPENSATION | | | | | | |
|---|---|--|---|---|--|--|
| NAME OF EMPLOYER | Column 1 | Column 2 | Column 3 | Column 4 | Column 5 | |
| | | | USE ONLY IF "MONROE" IN BOX 20 | USE ONLY IF CITY OTHER THAN "MONROE" IN BOX 20 | OPTION A - USE ONLY IF TAKING RESID. HOMEOWNER CREDIT (Pg. 1, line 5) | OPTION B - USE ONLY IF NOT TAKING RESID. HOMEOWNER CREDIT (Pg. 1, line 5) |
| | MEDICARE WAGES Greater of Box 5 OR Box 18 of W-2 | CITY WHERE EMPLOYED Box 20 of W-2 | "MONROE" TAX WITHHELD Box 19 of W-2 | OTHER CITY TAX WITHHELD Box 19 of W-2 (cannot exceed amount in Column 1) | CREDIT FOR OTHER CITY TAX WITHHELD Multiply Column 1 by 1.5% (Enter smaller of this amount OR Box 19 of W-2) | CREDIT FOR OTHER CITY TAX WITHHELD Multiply Column 1 by 2.0% (Enter smaller of this amount OR Box 19 of W-2) |
| A. | | | | | | |
| B. | | | | | | |
| C. | | | | | | |
| D. | | | | | | |
| E. TOTALS (IF NONE ENTER ZERO) | \$ | | \$ | | \$ | \$ |
| | | ↳ Pg. 1, Line 1 | ↳ Pg. 1, Line 6 | | ↳ Pg. 1, Line 7 | |

2020 Refund from another City? Calculate Column 5 credit using Final Wages taxable to other City, NOT Box 18 amount. Attach Documentation

| WORKSHEET C - OTHER TAXABLE INCOME | | | |
|--|---------------------------------------|---|------------------------|
| * Attach all Federal 1040 Schedules and Other Applicable Documentation. * If income is taxed by other cities, attach copies of the other city returns. | Column 1 | Column 2 | Column 3 |
| | Income/Loss from Federal Schedules | % taxable to Monroe (full year residents 100%) | Taxable Income (A x B) |
| 1. SCHEDULE C - Total Business Income (Loss) (Form 1040 - Sch 1, Line 3) | | | |
| 2. SCHEDULE F - Total Farm Income (Loss) (Form 1040 Sch 1, Line 6) | | | |
| 3A. SCHEDULE E - Net Rental Income/Loss (3A +3B +3C = Form 1040 Sch 1, Line5) | | | |
| 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 4) | | | |
| 5A. 1099-MISC and/or 1099-NEC - If not included in Schedule C (5A +5B +5C = Form 1040 Sch 1, Line 8) | | | |
| 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: 2015 _____ + 2016 _____ + 2017 _____ + 2018 _____ 2015-2018 NOL Total being used | | | |
| 6B. Year: 2019 _____ (Amount of 2019 loss being used cannot exceed 50% of either the loss or the total 2020 "other income" not covered by 2015-2018 losses.) 2018 50% LIMIT being used | | | |
| 7. TOTAL OTHER TAXABLE INCOME (Combine Line 1 through Line 6) | \$ - | | \$ - |
| Net loss from a business activity cannot be used to offset wage earnings. Do NOT enter amounts less than zero on Page 1. | | | ↳ Pg 1, Line 2 |

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

CHECK THIS BOX IF WE MAY DISCUSS THIS RETURN WITH YOUR PREPARER.

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 _____