

**AMBERLEY VILLAGE
INCOME TAX OFFICE**
7149 RIDGE ROAD
AMBERLEY VILLAGE, OH 45237
Office: (513) 531-0130
Fax: (513) 531-8154

2022 INDIVIDUAL TAX RETURN

FILE on or BEFORE **APRIL 17, 2023**

(Extended Return - Include Federal Extension)

<input type="checkbox"/> Resident	<input type="checkbox"/> Non-Resident
<input type="checkbox"/> Resident - Part Year	
From: ___/___/___ To: ___/___/___	
If you rent, provide landlord information:	
Owner Name: _____	
Address: _____	
Filing <input type="checkbox"/> Individual	<input type="checkbox"/> Joint
Status: <input type="checkbox"/> Married-filing separately	

www.amberleyvillage.org
Email: taxoffice@amberleyvillage.org

**CHECK ONLY IF
AMENDED RETURN**

FILING IS REQUIRED - Even if you have no income or no tax is due.		Print Single Sided - NO Staples
PRIMARY FILER	SOCIAL SECURITY NO.	Tax Office Use ONLY
JOINT FILER	SOCIAL SECURITY NO.	
ADDRESS		
CITY, STATE, ZIP		
E-MAIL ADDRESS	PHONE	

INCOME

1 Total Wages	(Enclose W-2's and 1040 pgs. 1-2)	Pg. 2, Worksheet A, column 2	1	
2 Other taxable income	(Enclose Applicable Federal Schedules)	Pg. 2, Worksheet B, Box 10	2	(Refer to Box 10 note on Page 2)
3 Wages paid to Household Employees		Pg. 2, Schedule H-Total	3	
4 Amberley Village Taxable Income (Add Boxes 1 + 2 + 3)			4	

TAX LIABILITY

5 Amberley Village Income Tax - Multiply Box 4 by 2.0% (.02)			5	
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CREDITS and PAYMENTS

6 a. Amberley Village tax withheld	Pg. 2, Worksheet A, column 3	6a		
b. Credit for tax withheld by other municipalities-up to 2% per W-2	Pg. 2, Worksheet A, column 6	6b		
c. Estimates paid to Amberley Village		6c		
d. Overpayment/Carryforward amount from prior year(s)		6d		
7 TOTAL CREDITS and PAYMENTS (Add Boxes 6a + 6b + 6c + 6d)			7	

8 TAX DUE: If Box 5 is greater than Box 7, enter balance due. Enter \$0 if balance due is \$10 or less.			8	
9 OVERPAYMENT: If Box 5 is less than Box 7, enter overpayment amount.			9	
10 a. Amount Credited to Next Year	(if \$10 or less enter \$0.00)	10a		
b. Amount of REFUND	(if \$10 or less enter \$0.00)	10b		

Tax Due, Refund or Credit of \$10 or less shall NOT be collected, refunded or credited.

11 PENALTY & INTEREST: Late File \$ _____ Late Pay \$ _____ Late Estimate \$ _____ Interest \$ _____			11	
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DECLARATION of ESTIMATED TAX DUE for TAX YEAR 2023

12 Estimated Income \$ _____	Multiply Estimated Income by 2.0%	12a		
13 Less: Expected Credits				
a. Amberley Village tax withheld		13a		
b. Credit for tax withheld by other municipalities, max credit 2.0% per W-2		13b		
c. Overpayments from prior year(s)		13c		
14 Total Expected Credits (Add Boxes 13a + 13b + 13c)		14		
15 Net Estimated Tax Due (Box 12a minus Box 14)	If less than \$200, enter \$0.00	15		
16 Estimated Tax Payment - FIRST Quarter (Divide Box 15 by 4)			16	

**Subsequent estimated payments are due by the 15th of June, September and the following January*

17 TOTAL PAYMENT DUE with RETURN (Add Box 8 + Box 11 + Box 16)	Make checks payable to: AMBERLEY VILLAGE	17	
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- Check this box if you have requested a refund from another municipality; enclose a copy of the return.
- I certify I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. The figures used herein are the same as used for federal income tax purposes, (with the exception that deferred income must be reported for city income tax purposes). If return is not signed, this is not a legal final return. Primary filer and Joint filer must sign even if only one has income.




Primary Filer or Agent Signature Date

Joint Filer Signature Date

Preparer's Signature (if other than taxpayer) Date

Preparer's Address Phone Number

Yes, Amberley Village may contact and discuss return with Preparer.

Credit Card Payment Information	
	
	
Account Number _____	_____
Card Expiration ____/____	_____
Security Code _____	_____
Amount Authorized \$ _____	_____
Signature _____	_____
A convenience fee of 2.75% will be added to any amount processed	

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

INCLUDE COPIES of all W-2's with return

NAME of EMPLOYER	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6
	CITY of EMPLOYMENT <i>Box 20 on W-2</i>	TAXABLE WAGES: GREATER of Box 5 or Box 18 on W-2	AMBERLEY VILLAGE TAX WITHHELD <i>Box 19 on W-2</i>	OTHER LOCAL or MUNICIPAL TAX WITHHELD <i>Box 19 on W-2</i>	MULTIPLY COLUMN 2 BY 2.0%	COMPARE FIGURES in COLUMNS 4 & 5 ENTER LOWER FIGURE in COLUMN 6
A.						
B.						
C.						
D.						
E.						
		Total Column 2	Total Column 3			Total Column 6
		\$	\$			\$
		Page 1, Box 1	Page 1, Box 6a			Page 1, Box 6b

WORKSHEET B - OTHER AMBERLEY VILLAGE TAXABLE INCOME

INCLUDE COPIES of federal forms and schedules to support reported figures

SCHEDULE / TYPE OF INCOME	Income/Loss from Federal Schedule	% Taxable to Amberley Village	Amberley Village Taxable Income
1 Schedule C - Profit or Loss from Business			
2 Schedule E - Income or Loss from Rental Real Estate. Residents report profit or loss from all properties. Non-residents report profit or loss on Amberley properties only.			
3 Schedule E & K-1, Net Income from Partnerships - Residents enter profit or loss from entities that do not withhold Amberley Village tax on distributive share.			
4 Schedule F - Profit or Loss from Farming			
5 Form 4797 - Ordinary Gains or Losses			
6 TOTAL TAX YEAR BUSINESS/OTHER INCOME or LOSS (Add Lines 1 - 5)			
7 **Prior Year Losses Carried Forward and Used in Current Year 2017() + 2018() + 2019() + 2020() + 2021()	Available Loss		Loss Applied
8 Form W-2G - Gambling and Lottery Winnings			
9 Other Income - 1099-Misc, 1099-NEC, tips, commissions, prizes/awards, jury duty, other			
		10 TOTAL OTHER TAXABLE INCOME (Sum of Lines 6 - 9)	

** Beginning tax year 2018 and ending 2022 loss carryover is 50% per H.B. 5 phase-in limitation.

*Enter Net Income in Box 10 to Pg 1, Box 2. Do not report net loss to Pg 1 of your return. Schedule losses do not offset W-2 wages for calculating taxable income.

Page 1, Box 2*

SCHEDULE H - HOUSEHOLD EMPLOYEES

INCLUDE COPIES of W-2's or federal Sch H

Did you pay wages to any household employee(s) during the tax year? Yes No If Yes, enter data below.

EMPLOYEE NAME	SOCIAL SECURITY NO.	WAGES
		\$
		\$
		\$
Schedule H - Total		\$

Page 1, Box 3

Please Note!

Return Filing and Quarterly Estimated Payment Schedule

APRIL 17, 2023	JUNE 15	SEPTEMBER 15	JANUARY 15
File 2022 Income Tax Return & Declaration; 1 st Quarter Estimated Payment Due	2 nd Quarter Estimated Payment Due	3 rd Quarter Estimated Payment Due	4 th Quarter Estimated Payment Due