

**AMBERLEY VILLAGE
INCOME TAX OFFICE**
7149 RIDGE ROAD
AMBERLEY VILLAGE, OH 45237
Office: (513) 531-0130
Fax: (513) 531-8154
Website: www.amberleyvillage.org
Email: taxoffice@amberleyvillage.org

2023 INDIVIDUAL TAX RETURN

FILE ON OR BEFORE **APRIL 15, 2024**

(Extended Returns - Include Federal Extension)

CHECK BELOW IF THIS IS AN

AMENDED RETURN

Print Single Sided - NO Staples

<input type="checkbox"/> Resident	<input type="checkbox"/> Resident - Part Year
From: ___/___/___ To: ___/___/___	
<input type="checkbox"/> Non-Resident	
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	

FILING IS REQUIRED - Even if you have no income or no tax is due.

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 Federal Schedules)	Pg. 2, Worksheet B, Box 10	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. Overpayments/Carryforward amounts 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, 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 2024 Required if estimated tax liability is \$200 or more

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 and paid to 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 less Box 14)	If less than \$200, enter \$0.00	15		
16 Estimated Tax Due 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)	<i>Make checks payable to: AMBERLEY VILLAGE</i>	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 charged

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

Enclose, but do not staple or attach copies of all W-2's to return

NAME of EMPLOYER	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6
	CITY of EMPLOYMENT <i>Box 20 of W-2</i>	TAXABLE WAGES: GREATER of Box 5 or Box 18 of W-2	AMBERLEY VILLAGE TAX WITHHELD <i>Box 19 of W-2</i>	OTHER LOCAL or MUNICIPAL TAX WITHHELD <i>Box 19 of W-2</i>	MULTIPLY COLUMN 2 BY 2.0%	LESSER of Column 4 or 5
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

Enclose copies of federal forms and schedules to support reported figures

SCHEDULES / TYPE OF INCOME	Column A	Column B	Column C
	Income/Loss from Federal Schedules	% 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 enter profit/loss from all properties. Non-residents report profit/loss on Amberley properties only.			
3 Schedule E & K-1, Net Income from Partnerships - Residents enter profit/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 Allowable Net Operating Loss Deduction - Enter the amount claimed as a deduction in Column C. Enclose a worksheet showing prior year losses for up to 5 years and amounts previously claimed.	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, etc.			
*Allowable Net Operating Loss Deduction: 50% limitation ended 12/31/2022. NOL's can be carry forward for a maximum of 5 years.			
10 TOTAL OTHER TAXABLE INCOME (Sum of Lines 6 - 9)			

Page 1, Box 2

SCHEDULE H - HOUSEHOLD EMPLOYEES

Enclose, but do not staple or attach copies of W-2's or federal Sch H

Did you pay wages to any household employee(s) during tax year: Yes No

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

Page 1, Box 3

Please Note!

Return Filing and Quarterly Payment Schedule

APRIL 15	JUNE 15	SEPTEMBER 15	JANUARY 15
File Income Tax Return with Declaration and pay 1 st Quarter Estimate	2 nd Quarter Payment Due	3 rd Quarter Payment Due	4 th Quarter Payment Due