



**CITY OF WESTERVILLE, OHIO**  
 Division of Revenue  
 PO Box 130, 64 East Walnut Street  
 Westerville, OH 43086-0130  
 Tel: (614) 901-6420  
 Fax: (614) 901-6820  
 Website: www.westerville.org

# INDIVIDUAL TAX RETURN 2019

CITY USE ONLY	
DE _____	TAX _____
CHG _____	_____

Account Number \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Email \_\_\_\_\_

PART YEAR RESIDENT
FROM _____
TO _____
<input type="checkbox"/> RESIDENT
<input type="checkbox"/> NON-RESIDENT
<input type="checkbox"/> RETIRED
<input type="checkbox"/> NO TAXABLE INCOME
<input type="checkbox"/> SOLE PROPRIETOR

SOCIAL SECURITY # _____
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SPOUSE SOCIAL SECURITY # _____
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TELEPHONE:
HOME _____
BUSINESS _____

IF NAME OR ADDRESS IS INCORRECT MAKE NECESSARY CHANGES (LIST BOTH NAMES AND SOCIAL SECURITY NUMBERS IF FILING A JOINT RETURN)

**FILING STATUS**

1.  Single City of Residence \_\_\_\_\_ City of Employment \_\_\_\_\_

2.  Married filing joint return (even if only one had income). Did you file a joint or separate return last year?  Joint  Separate  Not Married

3.  Married filing separate return. Enter spouse's social security number above and full name here. \_\_\_\_\_

**W-2 INCOME ONLY FILERS CHECK HERE IF YOU WOULD LIKE THE TAX DEPARTMENT TO CALCULATE YOUR RETURN ATTACH W-2'S AND SIGN BELOW, MAIL BEFORE MARCH 30, 2020**

**INCOME**

1. Total W-2 wages. For multiple W-2's, complete Worksheet A on reverse. **W-2'S MUST BE ATTACHED** ..... 1 \$ \_\_\_\_\_

2. Other income. From Federal Schedule C, E, F, or complete Worksheet B on reverse. **SCHEDULES MUST BE ATTACHED.** 2 \$ \_\_\_\_\_

3. TOTAL INCOME. ADD LINES 1 AND 2..... 3 \$ \_\_\_\_\_

4. Adjustments (complete Worksheet C on reverse) ..... 4 \$ \_\_\_\_\_

5. WESTERVILLE TAXABLE INCOME. (Subtract line 4 from line 3)..... 5 \$ \_\_\_\_\_

**TAX**

6. Multiply Taxable Income (Line 5) by 2.0% (.02).....Tax Amount before any credits 6 \$ \_\_\_\_\_

**TAX WITHHELD, PAYMENTS AND CREDITS**

7. Westerville income tax withheld from W-2. .... 7 \$ \_\_\_\_\_

8. a. Credit for taxes withheld or paid to other cities - work city 2.0% or less. See Instructions 8a \$ \_\_\_\_\_

b. Credit for taxes withheld or paid to other cities - work city greater than 2.0% - limited to 2.0%. See Instructions ..... 8b \$ \_\_\_\_\_

9. 2019 estimated tax payments ..... 9 \$ \_\_\_\_\_

10. Prior year overpayment carried forward..... 10 \$ \_\_\_\_\_

11. TOTAL PAYMENTS AND CREDITS. Add lines 7 through 10 ..... 11 \$ \_\_\_\_\_

**BALANCE DUE, REFUND OR CREDIT**

12. BALANCE DUE. If line 6 is more than 11, enter balance due here (No tax due if less than or equal to \$10.00) ..... 12 \$ \_\_\_\_\_

13. 15% Penalty if filing after due date or no estimates filed as required. (See Instructions)..... 13 \$ \_\_\_\_\_

14. .5% Interest per month or part thereof, if filing after due date. (See instructions)..... 14 \$ \_\_\_\_\_

15. Total due. (No tax due if less than or equal to \$10.00) ..... 15 \$ \_\_\_\_\_

16. OVERPAYMENT. If line 6 is less than line 11..... 16 \$ \_\_\_\_\_

17. AMOUNT FROM LINE 16 TO BE REFUNDED (No refund if less than or equal to \$10.00) 17 \$ \_\_\_\_\_

18. AMOUNT FROM LINE 16 TO BE CREDITED TO NEXT YEAR (No Credit if less than \$10.00) 18 \$ \_\_\_\_\_

**NOTE: IF WESTERVILLE TAX WITHHELD ON ALL INCOME OR NO ESTIMATES REQUIRED, STOP HERE, SIGN AND DATE RETURN**

**ESTIMATE**

19. DECLARATION OF ESTIMATED TAX DUE (Worksheet D on reverse) ..... 19 \$ \_\_\_\_\_

20. Declaration due. (Enter 25% of Line 19 if quarterly, 50% if semi-annually or 100% if annually) 20 \$ \_\_\_\_\_

21. Less deduction for Prior Year Overpayment, if applicable from line 18 (not refunded) 21 \$ ( \_\_\_\_\_ )

22. Amount paid with this declaration of estimated tax due (Line 20 less Line 21) ..... 22 \$ \_\_\_\_\_

**TAX DUE** 23. **TOTAL TAX DUE. ADD LINES 15 & 22. PLEASE MAKE CHECK PAYABLE TO CITY OF WESTERVILLE** 23 \$ \_\_\_\_\_

\*First Quarter Estimate should be paid with this return.

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 return.

The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated and that the figures used herein are the same as used for Federal Income Tax purposes. If an audit of the Federal return is made or a refund from another city is received which affects tax liability shown on this return, an amended return will be filed within 90 days.

SIGNATURE OF PREPARER, IF OTHER THAN TAXPAYER \_\_\_\_\_ DATE \_\_\_\_\_

NAME AND ADDRESS OF PREPARER \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

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

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

File with the City of Westerville  
 Division of Revenue  
 P.O. Box 130, Westerville, OH 43086-0130

**ATTACH ALL APPROPRIATE W-2'S, 1099'S, FEDERAL SCHEDULES, EXPLANATIONS, ETC. ... MAKE CHECKS PAYABLE TO CITY OF WESTERVILLE BY APRIL 15TH**

**WORKSHEET A**

**SALARIES, WAGES, TIPS AND OTHER EMPLOYEE COMPENSATION**

Use highest wage amount from medicare or local box.  
If you were a partial year resident of Westerville, complete Worksheet C below.

COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5
CITY WHERE EMPLOYED	WAGES, TIPS, ETC W-2	WESTERVILLE TAX WITHHELD IF ANY PER INSTRUCTIONS	**OTHER CITY TAX WITHHELD	CREDIT LIMIT FOR TAXES PAID TO ANOTHER CITY/JEDD
A.				
B.				
C.				
D.				
E.				
F. TOTALS				

PAGE 1 LINE 1

PAGE 1 LINE 7

PAGE 1 LINE 8A

**\*\* If Columbus tax withheld or work city over withheld, credit is limited 2.0%.**

**ATTACH W-2'S**

**WORKSHEET B**

**OTHER TAXABLE INCOME**

**PROFIT**

**LOSS**

A. PROFIT/LOSS FROM ANY BUSINESS OWNED (ATTACH FEDERAL SCHEDULE C) .....	_____	_____
B. PROFIT/LOSS FROM ANY RENTAL INCOME AND/OR FARM INCOME (ATTACH FEDERAL SCHEDULE E OR F) .....	_____	_____
C. PROFIT/LOSS FROM NON-WESTERVILLE PARTNERSHIP (ATTACH FEDERAL SCHEDULE E) .....	_____	_____
D. OTHER INCOME (EXPLAIN SOURCE) .....	_____	_____
REPORT TOTAL PROFITS ONLY HERE AND ON PAGE 1, LINE 2A .....	_____	_____

**IMPORTANT: LOSSES FROM ONE BUSINESS ACTIVITY CANNOT OFFSET PROFIT FROM UNRELATED BUSINESS ACTIVITY. LOSSES MAY BE CARRIED FORWARD A MAXIMUM OF 5 YEARS TO OFFSET FUTURE PROFIT(S) ON THE SAME BUSINESS ACTIVITY (2017-2021 LIMITED TO 50%) OF PRIOR NOL OR CURRENT REPORTED PROFIT.**

**WORKSHEET C**

**ADJUSTMENT TO INCOME**

**Wages earned in Westerville may not be pro-rated. (Part year residents see instructions)**

Total income divided by 12 x # of months not a resident of Westerville or actual earnings with documentation. Enter in Column 1.

	COLUMN 1
EXPLANATION	DEDUCTIONS
Net adjustment	

ENTER ON PAGE 1 LINE 4

**IF YOUR TOTAL INCOME IS SUBJECT TO 100% WITHHOLDING OF WESTERVILLE TAX OR WORK CITY IS 2% OR HIGHER - NO ESTIMATE REQUIRED**

**WORKSHEET D**

**DECLARATION OF ESTIMATED TAX FOR 2020**

- A. Estimated income subject to Westerville tax \$ \_\_\_\_\_ x 2.0% = ESTIMATED TAX DUE..... \$ \_\_\_\_\_  
Credits:
- B. WESTERVILLE tax to be withheld by employer ..... \$ (\_\_\_\_\_)
- C. Credit on income earned/taxed in other cities (WESTERVILLE RESIDENTS ONLY)  
Credit is actual tax paid on wages or schedule income (net of loss) to another city. Limited to 2.0%.....\$ (\_\_\_\_\_)
- D. DECLARATION OF ESTIMATED TAX DUE (Line A less Line B and C, if over \$200 - payments required) ..... \$ \_\_\_\_\_

Enter Declaration on line 19

**Due dates for estimates are April 15th, June 15th, September 15th and January 15th if paying quarterly. If paying semi annually due dates are April 15th and September 15th. Reminders will be mailed when declaration is completed for the 2nd, 3rd and 4th quarters, prior to the due dates.**

**\*\*Not responsible for reminders not sent or received, estimates are due on above dates.\*\***