

**2018**  
**NEW LEXINGTON**  
**INCOME TAX RETURN**

YOUR RETURN MUST BE POSTMARKED ON OR BEFORE APRIL 15, 2019  
 ADDITIONAL FORMS AVAILABLE ON OUR WEBSITE [www.newlexington.org](http://www.newlexington.org)  
 FILING IS REQUIRED EVEN IF NO TAX IS DUE

**Make payable and mail to:**  
**NEW LEXINGTON INCOME TAX**  
**215 SOUTH MAIN STREET**  
**NEW LEXINGTON, OH 43764**  
**(740) 342-4660 Mon-Fri 8A-3P**

**TAX OFFICE USE ONLY**

PLEASE VERIFY CORRECT NAME AND ADDRESS ARE SHOWN BELOW:

PLEASE ENTER:

PARTIAL YEAR RESIDENT:

If you received a label in the mail, please affix the label here.

ACCOUNT #: \_\_\_\_\_ - \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 SPOUSE: \_\_\_\_\_  
 ADDRESS:- \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SOCIAL SECURITY NUMBER(S):  
 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DATE MOVED IN: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 DATE MOVED OUT: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 PROVIDE PREVIOUS ADDRESS:  
 \_\_\_\_\_

TAXPAYER'S PHONE NUMBER:

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**TAXABLE: \_\_\_\_\_ %**

**ATTACH W2S, 1099S, FEDERAL 1040 & SCHEDULES TO INCOME TAX FORM**

INCOME	TAXPAYER USE		TAX OFFICE USE ONLY
1 Enter qualifying wages & compensation (usually box 5 on your W2 - see instructions on reverse)	1	\$ _____	1
2 Miscellaneous income (tips not already included in wages, 1099s not reported on Federal Sch, etc)	2	\$ _____	2
3 Business/Rental income (attach copies of applicable Federal Schedules) enter business loss as zero	3	\$ _____	3
4 TOTAL INCOME SUBJECT TO TAX (add lines 1, 2 and 3)	<b>INCOME</b>	4 \$ _____	4

5 NEW LEXINGTON TAX: 1% (multiply line 4 by 0.01)

	<b>TAX</b>	5 \$ _____	5
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**ATTACH W2S AND/OR OTHER CITY RETURNS TO SUBSTANTIATE CREDIT REPORTED**

CREDITS ATTACH W2S HERE			
6 New Lexington tax withheld per W2(s) - DO NOT enter School Tax (Local 6402)	6	\$ _____	6
7 Estimated tax paid for 2018 (do not include credit carryover)	7	\$ _____	7
8 Credit carryover (credit carried forward & not refunded)	8	\$ _____	8
9 TOTAL CREDIT (add lines 6, 7, and 8)	<b>CREDIT</b>	9 \$ _____	9

10 TAX DUE (if line 5 is greater than line 9, subtract line 9 from line 5)

11 OVERPAYMENT (if line 9 is greater than line 5, subtract line 5 from line 9)

12 A. Penalty: line 10 x 15%

B. Interest: Line 10 x 0.5% x number of months late (fraction of a month counts as whole month)

C. Late Filing Fee: \$25.00 x number of months or fraction of a month late (up to a maximum of \$150.00)

D. TOTAL PENALTY, INTEREST AND LATE FEE (add lines 12A, 12B and 12C)

13 TOTAL DUE (add lines 10 and 12D) If \$10.00 or less enter zero

14 OVERPAYMENT (subtract line 12D from line 11) Indicate distribution below: (see instructions)

Carryover to 2019/apply to prior balance \$ \_\_\_\_\_ B. Refund (only if \$10.01 or more) \$ \_\_\_\_\_

	10	\$ _____	10
	11	\$ (_____)	11
	12A	\$ _____	12A
	12B	\$ _____	12B
	12C	\$ _____	12C
	12D	\$ _____	12D
	13	\$ _____	13
	14	\$ (_____)	14

**DECLARATION NOT REQUIRED IF 100% OF YOUR NEW LEXINGTON TAX IS PAYROLL DEDUCTED BY YOUR EMPLOYER OR IF YOU OWE LESS THAN \$200 FOR 2017**

2019 DECLARATION OF ESTIMATED TAX			
15 Tax due in 2018 before estimated payments and credit carryover (subtract line 6 from line 5)	15	\$ _____	15
16 Credit carryover to 2019 (line 14A)	16	\$ _____	16
17 2019 Declaration amount (subtract line 16 from line 15)	17	\$ _____	17
18 1ST QUARTER PAYMENT (multiply line 17 by 22.5%)	18	\$ _____	18
19 A. Penalty for late payment: line 18 x 15%	19A	\$ _____	19A
B. Interest: Line 10 x 0.5% x number of months late (fraction of a month counts as whole month)	19B	\$ _____	19B
C. Late filing fee: \$25.00 per month or fraction of a month up to a maximum of \$150.00	19C	\$ _____	19C
D. TOTAL DECLARATION PENALTY AND INTEREST (add lines 19A, 19B and 19C)	19D	\$ _____	19D
20 2019 1ST QUARTER DECLARATION PAYMENT DUE (add lines 18 and 19D)	20	\$ _____	20

<b>TOTAL DUE</b>	21	Line 13 \$ _____ + Line 20 \$ _____ =	<b>TOTAL PAYMENT DUE</b>	21	\$ _____	21
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I certify that I have examined this return, including accompanying W2s, schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which preparer has any knowledge. Mailing income tax returns without payment and/or signature does not constitute a filing. If filing a joint return, signatures for both taxpayers are required.

**X** \_\_\_\_\_  
 SIGNATURE OF TAXPAYER DATE

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

**X** \_\_\_\_\_  
 SIGNATURE OF TAXPAYER DATE

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 TAX PREPARER'S PHONE NUMBER

IF YOUR RETURN WAS PREPARED BY A TAX PREPARER, MAY WE CONTACT HIM/HER IF WE HAVE QUESTIONS?  YES  NO

## **GENERAL FILING INFORMATION**

**NEW LEXINGTON TAX OFFICE LOCATION:** 215 South Main Street, New Lexington, OH 43764.

**NEW LEXINGTON INCOME TAX RATE:** 1%

**MAXIMUM CREDIT** for tax paid to other municipalities: NO CREDIT

**DEADLINE TO FILE** your 2018 New Lexington Income Tax Return without penalty, interest or late fee is April 15, 2019. Returns received by the tax office after this date or postmarked by the Postal Service after this date will be considered late and will be subject to penalty, interest and late fee.

**EXTENSION REQUESTS:** You are only required to file an extension with the New Lexington Tax office if you did not file for a Federal Extension with the IRS. Payment of tax owed for 2018 and the filing of the 2019 Declaration of Estimated Tax with the first quarter payment is still due by April 15, 2019 even if you have been granted an extension. A copy of your Federal extension should be attached to your return at the time of filing.

**TAX PREPARATION:** The New Lexington Income Tax Office provides free preparation of your New Lexington Income Tax Return on a first-come, first-served basis, Monday through Friday, 8AM to 2PM.

**WEBSITE:** New Lexington Tax Forms and Information are available on our website at [www.newlexington.org](http://www.newlexington.org) under the Income Tax section.

**SCHOOL DISTRICT TAX:** The School District Number for New Lexington City Schools is #6402 and may look like local income tax on your W2. This is not local income tax and you may not take credit for it on your New Lexington Tax Return. The State of Ohio administers School District Tax and can be reached at 1-800-282-1780.

**REMITTANCE:** Make check or money order payable to *New Lexington Income Tax*. Balances less than \$10.00 or less need not be paid, but the return must still be filed by April 15, 2019. Payments must be received or postmarked by April 15, 2019 to avoid penalty, interest and late fees.

**STUDENT FILING REQUIREMENTS:** Any person with wages regardless of age is subject to New Lexington tax. College students maintaining New Lexington as their legal domicile (residency) are subject to all New Lexington Tax regulations. If you used an address inside the corporation limits of New Lexington to file your Federal and State tax returns, you are considered a resident of New Lexington.

**MANDATORY REGISTRATION AND FILING:** New Lexington residents, are required to register with the Tax Office to establish a tax account within 30 days of establishing residency. Residents must file an annual New Lexington tax return, even if no tax is due. Partial year residents are required to file a return on the portion of income earned while a resident of New Lexington. You will need to provide the dates you moved in and out of New Lexington.

**JOINT FILING:** A husband and wife may elect to file joint tax returns regardless of how the Federal Tax Return is filed.

**NON-RESIDENTS:** A non-resident must file a tax return and report taxable income to New Lexington only if the tax was not fully withheld by the employer. Non-residents must file and report business activity income including rental income even if a net loss is realized.

### **THE FOLLOWING INCOME IS EXEMPT FROM NEW LEXINGTON TAX:**

Military pay including reserve pay, capital gains, dividends, interest, workers' compensation, pension income, housing for clergy, Election Board payment up to \$1,000, alimony, Social Security Benefits, State of Ohio unemployment benefits, Public Assistance payments, annuities (at time of distribution), IRS Section 125 cafeteria plans, and college tuition

**LINE BY LINE INSTRUCTIONS:** Verify that your name and address are correct on the tax form. Fill in your social security number(s) and phone number. If you were a partial year resident, fill in the date you moved in or out of New Lexington and provide your previous address.

**LINE 1** Enter the total qualifying wages (usually W2 box 5 Medicare wages and tips-highest amount on W2). See New Lexington Ordinance 182 for definition of taxable wages.

**LINE 2** If applicable, enter miscellaneous income such as tips not included in wages and 1099 income not included on your Federal Schedule.

**LINE 3** If applicable, enter business income reported on Federal Schedule C or rental income reported on Federal Schedule E. Losses must be entered as zero. Attach copies of Federal Schedules to tax return.

**LINE 4** Add lines 1, 2 and 3.

**LINE 5** Multiply line 4 by 1% (0.01).

**LINE 6** Enter the amount of New Lexington tax withheld as shown on your W2s in boxes 19 and 20. DO NOT include School District Tax withheld.

**LINE 7** Enter estimated tax payments paid for 2018 using exact dollars and cents paid. Contact Tax Office for total if you are unsure.

**LINE 8** Enter prior year credit carryover to 2018 that was not refunded or applied to prior year debt, using exact dollars and cents. Contact Tax Office for amount if you are unsure.

**LINE 9** Add lines 6, 7, and 8.

**LINE 10** If line 5 is greater than 9, subtract line 9 from line 5.

**LINE 11** If line 9 is greater than 5, subtract line 5 from line 9.

**LINE 12** Calculate penalty, interest and late fee as follows:

**A. PENALTY:** Multiply line 10 by 15%

**B. INTEREST:** Multiply line 10 by 0.5%. Multiply answer by number of months late. Partial months count as a whole month.

**C. LATE FEE:** Multiply number of months late by \$25.00. Partial months count as a whole month. Enter amount or maximum late fee of \$150.00

**D.** Add lines 12A, 12B and 12C.

**LINE 13** Add lines 10 and 12D

**LINE 14** Subtract line 12D from line 11. Overpayment of \$10.00 or less will not be refunded or carried forward. Indicate distribution of overpayment. Overpayment will first be applied to any outstanding prior balance before being refunded or carried forward.

**LINE 15** Line 5 minus line 6.

**LINE 16** Enter credit carryover from line 14A.

**LINE 17** Subtract line 16 from line 15.

**LINE 18** Multiply line 17 by 22.5% (0.225).

**LINE 19** Calculate penalty and interest due.

**LINE 20** Add lines 18 and 19C.

**LINE 21** Add lines 13 and 20. Pay amount by April 15, 2019.