

MUNICIPALITY OF CARLISLE
 INCOME TAX DEPARTMENT
 760 CENTRAL AVE.
 CARLISLE OH 45005
 WWW.CARLISLEOH.ORG
 (937) 746-0556

****ATTACH PAGE 1 & SCHEDULE 1 OF FEDERAL RETURN****
2019 - CARLISLE INCOME TAX RETURN - 2019

DUE ON OR BEFORE
 APRIL 15, 2020

FILING REQUIRED EVEN IF NO TAX DUE. LATE FILING OF THIS RETURN SUBJECTS YOU TO INTEREST AND OR PENALTY CHARGES PER CARLISLE ORDINANCE

ATTACH ANY FEDERAL EXTENSION REQUEST

TAXPAYER SSN: _____
 SPOUSE SSN: _____
 PHONE NUMBER: _____
 EMAIL: _____

IF YOU MOVED DURING THE YEAR, YOU MUST COMPLETE LINES BELOW:

DATE MOVED OUT OF CARLISLE: _____ INTO CARLISLE: _____
 PRESENT ADDRESS: _____

 OLD ADDRESS: _____

PRINT TAXPAYERS NAME AND ADDRESS IN SPACE ABOVE

I AM NOT REQUIRED TO COMPLETE LINES 1-14 OF THIS TAX RETURN BECAUSE:

- ACTIVE DUTY MILITARY UNTIL DATE _____ MOVED FROM CARLISLE PRIOR TO 1-1-19 LIST DATE _____ (SUBMIT PROOF)
 NO EMPLOYMENT, EXPLAIN _____
 ONLY INCOME IS FROM NON-TAXABLE SOURCE, LIST SOURCE _____ (MAY BE ELIGIBLE FOR FILING EXEMPTION)

	OFFICE USE ONLY
1. TOTAL QUALIFYING WAGES (USUALLY BOX 5 OF W2) – ATTACH ALL W-2'S	1. _____ \$ _____
2. OTHER INCOME FROM WORKSHEET A ON REVERSE – ATTACH ALL W2G's, 1099 MISC & Schedule 1	2. _____ \$ _____
3. BUSINESS/SCHEDULE INCOME FROM WORKSHEET B ON REVERSE – ATTACH ALL FEDERAL SCHEDULES & SCHEDULE 1 ..	4. _____ \$ _____
4. TOTAL TAXABLE INCOME (Add lines 1, 2, & 3) – LOSSES ON LINE 3 CANNOT OFFSET TAXABLE INCOME FROM LINES 1 & 2..	4. _____ \$ _____
5. CARLISLE INCOME TAX – LINE 4 MULTIPLIED BY 1.5%	5. _____ \$ _____
5. A. CARLISLE LOCAL TAX WITHHELD (DO NOT INCLUDE SCHOOL TAX)	5A. _____ \$ _____
B. 2019 ESTIMATED PAYMENTS (Printed amount may not reflect fourth quarter AND PRIOR YEAR OVERPAYMENTS	B. _____ \$ _____
C. CREDIT FOR OTHER CITY TAX WITHHELD (CANNOT EXCEED 1.50% PER CITY/PER W2) SEE WORKSHEET C ON REVERSE.....	C. _____ \$ _____
D. TOTAL TAX CREDITS (ADD LINES A, B, C)	5D. _____ \$ _____
6. IF LINE 5 IS GREATER THAN LINE 5D ENTER TAX AMOUNT DUE.....	6. _____ \$ _____
7. IF LINE 5D IS GREATER THAN LINE 5 ENTER OVERPAYMENT (NO REFUND OR CREDIT IF LESS THAN \$10.01) AMOUNT TO BE REFUNDED _____ OR CREDITED TO 2020 _____	7. _____ \$ _____
8. A. LATE FILING PENALTY (\$25 PER MONTH, UP TO \$150 MAX)	8A. _____ \$ _____
B. LATE PAYMENT PENALTY (15% OF TAX DUE, INCLUDING UNDERPAID ESTIMATES)	8B. _____ \$ _____
C. LATE PAYMENT INTEREST (0.58% PER MONTH)	8C. _____ \$ _____
D. TOTAL PENALTIES, FEES AND INTEREST (Add Lines 8A through 8C)	8D. _____ \$ _____
9. BALANCE DUE (ADD LINES 6 AND 8D) (No payment due if less than \$10.01).....	9. <input type="text"/> \$ _____

DECLARATION OF ESTIMATED TAX FOR YEAR 2020

IF YOU OWE MORE THAN \$200 IN TAX THAT IS NOT WITHHELD, YOU MUST FILE AND PAY ESTIMATED TAX.

10. TOTAL ESTIMATED TAX FOR 2020 (1.50% X TOTAL ESTIMATED INCOME)	10 \$ _____	\$ _____
11. LESS ANTICIPATED CREDITS (Allowable taxes withheld & overpayments applied).....	11 \$ _____	\$ _____
12. NET ESTIMATED TAX DUE (LINE 10 MINUS LINE 11) If less than \$200.00, enter 0	12 \$ _____	\$ _____
13. NET ESTIMATED TAX DUE WITH THIS RETURN (multiply Line 12 by 22.5%)	13 \$ <input type="text"/>	\$ _____
Subsequent estimated payments are due by 6/15, 9/15 & 1/15 - Vouchers available at our web site www.carlisleoh.org		
14. TOTAL AMOUNT DUE - Add Lines 9 and 13. Make checks payable to Carlisle Tax Department	14 \$ <input type="text"/>	\$ _____
Credit card payments can be made by calling the office at (937) 746-0556.		

I CERTIFY THAT 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. (IF PREPARED BY A PERSON OTHER THAN TAXPAYER, THE DECLARATION IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE.)

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

 SIGNATURE OF TAXPAYER (REQUIRED)

 DATE

 Signature and number of Person Preparing if other than taxpayer Date

 SIGNATURE OF TAXPAYER (REQUIRED)

 DATE

ATTACH W2'S HERE

WORKSHEET A – OTHER INCOME

OTHER INCOME

1. **W-2G - GAMBLING WINNINGS** Attach W-2G(s) (Cannot deduct Losses unless professional) 1. _____
2. **OTHER INCOME - 1099-Misc (Not included on Schedule C), Executor Fees, etc.** Provide documentation 2. _____
3. **TOTAL OTHER INCOME (Line 1 & Line 2)** Enter on Pg 1 Line 2 3. _____

WORKSHEET B – BUSINESS/SCHEDULE

ATTACH ALL SUPPORTING FEDERAL SCHEDULES & DOCUMENTATION

BUSINESS INCOME

1. **SCHEDULE C - Profit/Loss from Business** Attach Schedule(s) C
 - (a) Net Profit/Loss From Federal Schedule(s) C 1a. _____
 - (b) % Allocable to Carlisle - Residents: 100%; Non-residents: Complete Schedule Y Below..... 1b. _____
 - (c) Carlisle Profit/Loss (Line 1a x 1b) 1c. _____
2. **SCHEDULE E - Profit/Loss from Rents/Royalties** Attach Schedule(s) E 2. _____
3. **SCHEDULE E - Profit/Loss from Partnerships** Attach Schedule(s) E & K-1 3. _____
4. **SCHEDULE F - Profit/Loss from Farming** Attach Schedule(s) F..... 4. _____
5. **Form 4797 - Ordinary Income/Loss** (Note:Capital Gains are not taxable)..... 5. _____
6. **TOTAL BUSINESS INCOME** (Add Lines 1c through 5)..... 6. _____
7. **LESS: LOSS CARRYFORWARD FROM 2016** 7. (_____)
8. **SUBTOTAL** (Line 6 + Line 7) 8. _____
9. **LESS: 2017 &/OR 2018 LOSS CARRYFORWARD** ***SEE INSTRUCTIONS*** 9. (_____)
10. **NET BUSINESS INCOME** (Line 8 + Line 9) Enter on Pg 1 Line 3..... 10. _____

An individual who operates two or more sole proprietorships, rentals, farms or reportable partnerships may offset them against each other to arrive at a total reportable net profit. Partnerships are reportable on this return when located in Carlisle or when the partnership is located outside Carlisle, but does business within the Municipality, regardless of partners residence.

2017 - 2021 LOSS CARRYFORWARD INSTRUCTIONS

For tax years 2017-2021, only 50% of the available loss carryforward may be deducted.

To determine the allowable 2019 net operating loss (NOL) deduction, complete the following calculation:

(A) 2017 NOL (_____) + 2018 NOL (_____) x 50% = (_____)

(B) Worksheet A (above), Line 8 (_____) x 50% = (_____)

Enter LESSER of Line (A) on (B) on Worksheet A, Line 9

WORKSHEET C – CREDIT FOR TAXES PAID TO OTHER CITIES

Maximum of 1.5% credit allowed per city per W2

IF INCOME IS PRORATED, CREDITS MUST ALSO BE PRORATED

COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5
LIST ALL CITIES EXCEPT CARLISLE	QUALIFYING LOCAL WAGES (USUALLY BOX 18 OF THE W2)	TAX WITHHELD	1.5% OF COLUMN 2	LESSER OF COLUMN 3 OR COLUMN 4
CARRY TOTAL OF COLUMN 5 TO LINE 5C ON TAX FORM			TOTAL ALLOWED:	

SCHEDULE Y – BUSINESS APPORTIONMENT FORMULA (To be completed by all nonresidents with net profit or loss in Carlisle)

	LOCATED EVERYWHERE (A)	LOCATED IN CARLISLE (B)	PERCENTAGE (B / A)
STEP 1. Original Cost of Real and Tangible Personal Property	_____	_____	_____
Gross Annual Rents Paid Multiplied by 8	_____	_____	_____
TOTAL STEP 1	_____	_____	_____
STEP 2. Wages, Salaries and Other Compensation Paid	_____	_____	_____
STEP 3. Gross Receipts from Sales Made and/or Work or Services Performed	_____	_____	_____
STEP 4. Total Percentages (Add Percentages from Steps 1-3)	_____	_____	_____
STEP 5. Apportionment Percentage (Divide Step 4 by Number of Percentages Used) ENTER ON WORKSHEET A, LINE 1B	_____	_____	_____