

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

2018 - CARLISLE INCOME TAX RETURN - 2018

DUE ON OR BEFORE
APRIL 15, 2019

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 1-16 OF THIS TAX RETURN BECAUSE:

- ACTIVE DUTY MILITARY UNTIL DATE
MOVED FROM CARLISLE PRIOR TO 1-1-18 LIST DATE (SUBMIT PROOF)
NO EMPLOYMENT, EXPLAIN
ONLY INCOME IS FROM NON-TAXABLE SOURCE, LIST SOURCE (MAY BE ELIGIBLE FOR FILING EXEMPTION)

Table with 11 rows for tax calculations and an 'OFFICE USE ONLY' column for dollar amounts.

DECLARATION OF ESTIMATED TAX FOR YEAR 2019

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

Table with 6 rows for 2019 tax declarations and an 'OFFICE USE ONLY' column for dollar amounts.

ATTACH W2'S HERE

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 THAT 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

WORKSHEET A – ADJUSTMENTS TO INCOME

- 1. EMPLOYEE BUSINESS 2106 EXPENSE (Schedule A Line 21) \$ _____
- 2. Minus Schedule A (2%) Deduction (Schedule A Line 26) \$ _____
 Must attach both Schedule A and 2106
 Subject to 2% Federal Limitations allowed
- TOTAL ADJUSTMENTS (1 minus 2) \$ _____
 (put on Line 2)

WORKSHEET B – OTHER INCOME

****LOSSES ONLY AS ALLOWED PER OHIO REVISED CODE 718****

TYPE	LOCATION & TYPE	NET TAXABLE GAIN FROM FED. SCHEDULE	NET TAXABLE LOSS FROM FED. SCHEDULE
*Business income/Loss (Attach Federal Schedule C)			
Rental Income/Loss (Attach Federal Schedule E)			
Partnership Income/Loss (Attach Federal Schedule E/K-1)			
Farm Income/Loss (Attach Federal Schedule F)			
Attach W-2G(s) – Gambling Winnings Other Income			
Not less than -0-			

*Net Profit (Loss) From Federal Schedule C – **Losses only as allowed under Ohio Revised Code 718**
 % Allocable to Carlisle – Residents: use 100%; Non-residents: complete Schedule Y below.

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. A net loss cannot be used to offset W-2 income but may be carried forward 5 years beginning with loss incurred in 2018 (3 year carry forward for prior years). ****Losses only as allowed under Ohio Revised Code 718****

Partnerships are reportable on this return when located in Carlisle or when the partnership is located outside Carlisle and is not reportable to another municipality that has a tax.

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 7C 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 B, LINE 2B	_____	_____	_____