

**2020 - CARLISLE INCOME TAX RETURN - 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**

LAST NAME	FIRST NAME	INITIAL
If married filing joint, enter Spouse's last name	FIRST NAME	INITIAL
PRESENT ADDRESS #	STREET	APT
CITY	STATE	ZIP CODE

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 1-1-20 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. 2020 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 (must have been paid to Carlisle) _____ OR CREDITED TO 2021 _____	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 (0.42% 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 2021**

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

10. TOTAL ESTIMATED TAX FOR 2021 (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"/>	\$ _____
<b>Subsequent estimated payments are due by 6/15, 9/15 &amp; 1/15 - Vouchers available at our web site www.carlisleoh.org</b>		
14. <b>TOTAL AMOUNT DUE</b> - Add Lines 9 and 13. <b>Make checks payable to Carlisle Tax Department</b> .....	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

**NOTE: Your return is not complete unless the Federal 1040 and all necessary documents are included.**

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: 2017-2021 LOSS CARRYFORWARD \*\*\*SEE INSTRUCTIONS\*\*\*** ..... 7. ( \_\_\_\_\_ )
8. **NET BUSINESS INCOME** (Line 6 - Line 7) Enter on Pg 1 Line 3 ..... 8. \_\_\_\_\_

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 2020 net operating loss (NOL) deduction, complete the following calculation:  
 (A) 2017 thru 2021 NOL ( \_\_\_\_\_ ) x 50% = ( \_\_\_\_\_ )  
 (B) Worksheet B (above), Line 6 ( \_\_\_\_\_ ) x 50% = ( \_\_\_\_\_ )  
 Enter **LESSER** of Line (A) or (B) on Worksheet B, Line 7

## WORKSHEET C – CREDIT FOR TAXES PAID TO OTHER CITIES

Part year residents, see income tax information page. 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
<b>CARRY TOTAL OF COLUMN 5 TO LINE 5C ON TAX FORM</b>			<b>TOTAL ALLOWED:</b>	

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