

# 2010 INDIVIDUAL PICKERINGTON CITY INCOME TAX Due on or before April 18, 2011

File with the City of Pickerington Division of Taxation  
100 Lockville Road  
Pickerington, Ohio 43147-1321  
Phone: (614) 837-4116 • Fax: (614) 833-2201  
E-Mail: jeichner@pickerington.net  
Website: www.pickerington.net  
Tax Tool or Fill-In Form available  
on website under Departments/Income

Make Checks and Money Orders Payable to  
City of Pickerington

**PLEASE CHECK ANY CHANGES IN 2010 TAX STATUS:**

Taxpayer  Spouse

Retired-with only non-taxable income-Date Retired \_\_\_\_\_

Only income was from a non-taxable source-List source \_\_\_\_\_

Active Duty Military \_\_\_\_\_

Date Moved  into or  out of City of Pickerington \_\_\_\_\_

Previous Address \_\_\_\_\_


Other Status Change-Married, Divorced, Death, etc (List and date) \_\_\_\_\_

| OFFICE USE ONLY                        |                                                                  |
|----------------------------------------|------------------------------------------------------------------|
| DATE REC'D                             | INITIALS                                                         |
| PMT \$ W/FORM                          | <input type="checkbox"/> CASH<br><input type="checkbox"/> CHARGE |
| <input type="checkbox"/> CHECK # _____ | <input type="checkbox"/> MONEY ORDER # _____                     |
| AUDITOR                                | BATCH #                                                          |

Your SS# \_\_\_\_\_

Spouse SS# \_\_\_\_\_

**TO PAY BY CREDIT  
CARD ONLINE**



Visit [www.pickerington.net](http://www.pickerington.net)

Paymentus, the service provider,  
charges a nominal fee for this service

**PLEASE MAKE NECESSARY CORRECTIONS TO NAME/ADDRESS**

|                      |                                                                                                                         |     | TAXPAYER USE      | OFFICE USE     |
|----------------------|-------------------------------------------------------------------------------------------------------------------------|-----|-------------------|----------------|
| <b>INCOME</b>        | <b>ATTACH FORMS W-2, 1099 AND FEDERAL SCHEDULES C, E AND F</b>                                                          |     |                   |                |
|                      | 1. Total W-2 wages. (Use W-2 box 5 or box 18, whichever is higher) For multiple W-2's, complete Worksheet A on reverse. | 1   | \$                |                |
|                      | 2. Other Income. From Section 1, line 5 on reverse (Schedule loss must be entered as -0-)                               | 2   | \$                |                |
|                      | 3. Total Income. Add lines 1 and 2                                                                                      | 3   | \$                |                |
|                      | 4. Total Deductions. Section 2, line D on reverse                                                                       | 4   | \$ (            ) | (            ) |
|                      | 5. Total Income Subject to Tax. Subtract line 4 from line 3                                                             | 5   | \$                |                |
| <b>TAX</b>           | 6. Pickerington Income Tax. Multiply line 5 by 1% (.01)                                                                 | 6   | \$                |                |
| <b>TAX WITHHELD,</b> | 7. <b>Pickerington</b> income tax withheld. From W-2 or Worksheet A column 5 on reverse                                 | 7   | \$                |                |
| <b>PAYMENTS</b>      | <b>DO NOT INCLUDE SCHOOL TAX SD2307</b>                                                                                 |     |                   |                |
| <b>&amp; CREDITS</b> | 8. Prior year credits                                                                                                   | 8   | \$                |                |
|                      | 9. Estimated payments received by Dec.15                                                                                | 9   | \$                |                |
|                      | 9a. Any estimated payments made after Dec 15 and not included in line 9                                                 | 9a  | \$                |                |
|                      | 9b. Payments made by pass-through entity (name) _____ on behalf of taxpayer                                             | 9b  | \$                |                |
|                      | 10. 1/2% (.005) credit X wages taxed by other cities. From Section 3 on reverse                                         | 10  | \$                |                |
|                      | 11. Total Payments and Credits. Add lines 7 through 10 (documentation must be provided for lines 7 & 10 to be allowed)  | 11  | \$ (            ) | (            ) |
| <b>BALANCE DUE,</b>  | 12. <b>Balance Due.</b> If line 6 is more than 11, enter balance due here                                               | 12  | \$                |                |
| <b>REFUND</b>        | 13. Penalty. 10% of amount owed                                                                                         | 13  | \$                |                |
| <b>OR</b>            | 13a. Late filing Fee. \$15.00                                                                                           | 13a | \$                |                |
| <b>CREDIT</b>        | 13b. Failure to estimate penalty. \$25                                                                                  | 13b | \$                |                |
|                      | 14. Interest. 1-1/2% per month                                                                                          | 14  | \$                |                |
|                      | 15. <b>Total due.</b> Carry to line 24 below (No tax due if less than \$1.01)                                           | 15  | \$                |                |
|                      | 16. Overpayment. If line 6 is less than line 11, enter overpayment here                                                 | 16  | \$                |                |
|                      | 17. A. Carry forward/apply to prior \$ _____ B. Refund \$ _____ (No refund due if less than \$1.01)                     |     |                   |                |

NOTE: IF PICKERINGTON CITY TAX IS WITHHELD ON ALL INCOME, STOP HERE, CHECK THIS BOX, SIGN & DATE RETURN, ATTACH W-2'S & MAIL TO THE CITY OF PICKERINGTON

| <b>VOUCHER 1</b>              | <b>DECLARATION OF ESTIMATED TAX FOR YEAR 2011 REQUIRED BY LAW ON ALL INCOME FROM WHICH CITY OF PICKERINGTON TAX IS NOT WITHHELD. PENALTY FOR NON-COMPLIANCE. THE SAFE HARBOR METHOD SHALL APPLY. (See General info. #11.)</b> |    |                   |                |
|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-------------------|----------------|
| <b>ESTIMATE FOR NEXT YEAR</b> | 18. Estimated income subject to tax \$ _____ Multiply by tax rate of 1% (.01)                                                                                                                                                 | 18 | \$                |                |
|                               | 19. Subtract resident credit = wages taxed by another city X .005                                                                                                                                                             | 19 | \$ (            ) | (            ) |
|                               | 20. Balance of city income tax declared. Subtract line 19 from line 18                                                                                                                                                        | 20 | \$                |                |
|                               | 21. Less credits. Enter line 17A from above                                                                                                                                                                                   | 21 | \$ (            ) | (            ) |
|                               | 22. Net estimated tax due. Subtract line 21 from line 20                                                                                                                                                                      | 22 | \$                |                |
|                               | 23. First quarter estimate payment. Enter 1/4 of line 22                                                                                                                                                                      | 23 | \$                |                |
| <b>TAX DUE</b>                | <b>VOUCHERS FOR REMAINING QUARTERLY PAYMENTS ARE ON THE CITY'S WEBSITE</b>                                                                                                                                                    |    |                   |                |
|                               | 24. Enter balance due from line 15 above                                                                                                                                                                                      | 24 | \$                |                |
|                               | 25. <b>TOTAL TAX DUE. ADD LINES 23 &amp; 24. PLEASE MAKE CHECKS PAYABLE TO CITY OF PICKERINGTON...</b>                                                                                                                        | 25 | \$                |                |

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.  Check box if we may discuss this return with your preparer.

|                                               |                  |                       |                  |
|-----------------------------------------------|------------------|-----------------------|------------------|
|                                               |                  |                       |                  |
| SIGNATURE OF PREPARER, IF OTHER THAN TAXPAYER | TELEPHONE NUMBER | SIGNATURE OF TAXPAYER | TELEPHONE NUMBER |
|                                               |                  |                       |                  |
| ADDRESS OF PREPARER                           | DATE             | SIGNATURE OF SPOUSE   | DATE             |

WORK

HOME

**WORKSHEET A SALARIES, WAGES, TIPS AND OTHER EMPLOYEE COMPENSATION PER W-2(S)**

| COLUMN 1         | COLUMN 2            | COLUMN 3                                                       | COLUMN 4                                                                                       | COLUMN 5                                                            |
|------------------|---------------------|----------------------------------------------------------------|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| EMPLOYER'S NAME  | CITY WHERE EMPLOYED | INCOME FROM W-2'S<br>(BOX 5 OR BOX 18,<br>WHICHEVER IS HIGHER) | WAGES TAXED AND NOT<br>REFUNDED BY OTHER CITY<br>(W-2 BOX 18) (DO NOT<br>INCLUDE PICKERINGTON) | PICKERINGTON TAX<br>WITHHELD (DO NOT INCLUDE<br>SCHOOL TAX SD 2307) |
| A.               |                     |                                                                |                                                                                                |                                                                     |
| B.               |                     |                                                                |                                                                                                |                                                                     |
| C.               |                     |                                                                |                                                                                                |                                                                     |
| D.               |                     |                                                                |                                                                                                |                                                                     |
| <b>E. TOTALS</b> |                     |                                                                |                                                                                                |                                                                     |

ENTER ON:

PAGE 1, LINE 1

SEE CREDIT CALCULATION  
SECTION 3 BELOW

PAGE 1, LINE 9A

If necessary, attach sheet for additional W-2 information.

**SECTION 1 - OTHER INCOME**

- 1. Profit/Loss from any Business Owned (Attach Federal Schedule C) ..... \$ \_\_\_\_\_
- 2. Rental and/or Farm Income/Loss (Attach Federal Schedule E or F) ..... \$ \_\_\_\_\_
- 3. Partnership Income/Loss (Federal Schedule E) ..... \$ \_\_\_\_\_
  - a. Net Loss Per Previous Pickerington Tax Returns (see note below)..... - \$ \_\_\_\_\_
- 4. Other Income (from Pass-through-Entities, Estates, Trusts, Fees, Tips etc.) ..... \$ \_\_\_\_\_  
*Attach 1099's, K-1 or appropriate Federal Schedules*
- 5. TOTAL (Add lines 1, 2, 3, 3a and 4) ..... \$ \_\_\_\_\_

(Carry to page 1, line 2)  
But not less than -0-

NOTE: The net loss from any business activity may not be used to offset salaries, wages, commissions, or other compensation, or non-business income. Net Operating Losses may be carried forward for one (1) year.

**SECTION 2 - DEDUCTIONS**

- A. Partial year residents – income earned while NOT a resident of Pickerington ..... \$ \_\_\_\_\_  
*Wages earned IN Pickerington CANNOT be pro-rated. Exact figures must be used whenever possible. Income averaging may be used only when exact figures are not available. (see instructions)*
- B. 2106 Employee Business Expenses are limited to actual unreimbursed expenses incurred in the production or earning of the income. **The 2106 Form, as filed with the IRS, with an itemization of all expenses reported and a copy of Federal Schedule A MUST BE ATTACHED OR THE DEDUCTION WILL BE DISALLOWED** ..... \$ \_\_\_\_\_
- C. Moving Expenses included in income on W-2 and reimbursed by employer. Employer documentation must be provided (Applies only to residents moving into City) ..... \$ \_\_\_\_\_
- D. TOTAL DEDUCTIONS ..... \$ \_\_\_\_\_

(Carry to page 1, line 4)

**SECTION 3 - CREDIT (ALLOWABLE ONLY FOR PICKERINGTON CITY RESIDENTS)\*\***

\*\*Credits must be substantiated with W-2's or other city returns showing taxes paid to another municipality.

**DO NOT INCLUDE ANY SCHOOL DISTRICT TAX.** (SD2307)

If your salary and/or income has been taxed and not refunded by a city other than Pickerington, use this calculation:  
**(Use only that portion of wage/income actually taxed; partial year residents must use partial year figures for tax liability and for credit. If you have or will receive a refund from the employment city on any portion of your income, you must exclude that portion from the credit calculation.)**

DEDUCTIONS IN SECTION 2 ABOVE MUST BE DEDUCTED FROM WAGES BEFORE TAX CREDIT IS FIGURED.

TOTAL APPLICABLE WAGES TAXED BY ANOTHER CITY \$ \_\_\_\_\_ X 1/2% (.005) = \_\_\_\_\_ \$ \_\_\_\_\_  
(Carry to page 1, line 10)