

WORKSHEET A SALARIES, WAGES, TIPS AND OTHER EMPLOYEE COMPENSATION

COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5
CITY WHERE EMPLOYED	INCOME FROM EACH LOCAL W-2	*2106 EXPENSES, IF ANY	WHITEHALL TAX WITHHELD	*OTHER CITY TAX WITHHELD
A.				
B.				
C.				
D.				
E. TOTALS				

ENTER ON: PAGE 1 LINE 1 PAGE 1 LINE 2 PAGE 1 LINE 9 PAGE 1 LINE 12

*Income reduced by 2106 and earned in another city must also reduce the tax withheld for that city by the same percentage.

1. SCHEDULE C – SELF EMPLOYMENT INCOME (Must report net profit and/or loss) (Attach Federal Schedule C)

Business Name _____ Business Address _____
 Kind of Business _____ Date Started _____ Date Ended _____

A. Net Profit or Loss (Attach copy of Fed. Sch. C (Pages 1&2). A Whitehall resident claiming credit for tax paid to another city on this income must include a copy of the other tax return to take credit against Whitehall tax.) \$ _____
 B. Percentage Amount Allowable to the Municipality (Attach allocation calculation) \$ _____
 C. **Amount subject to tax. Multiply A times B.** **Total (1)** \$ _____

The net loss from an unincorporated business activity may not be used to offset salaries, wages, commissions or other compensation. However, if a taxpayer is engaged in two or more taxable business activities to be included on the same return, the net loss of one unincorporated business activity (except any portion of a loss separately reportable for municipal tax purposes to another taxing entity) may be used to offset the profits of another for purposes of arriving at overall net profits.

2. SCHEDULE E - INCOME FROM RENTS [Attach Federal Schedule E(s)]

KIND AND EXACT LOCATION OF PROPERTY (LOSSES WITHOUT EXACT LOCATION WILL BE DISALLOWED)	NET PROFIT OR (LOSS)	KIND AND EXACT LOCATION OF PROPERTY (LOSSES WITHOUT EXACT LOCATION WILL BE DISALLOWED)	NET PROFIT OR (LOSS)
TENANT NAME _____ ADDRESS _____ CITY, STATE, ZIP _____	□	TENANT NAME _____ ADDRESS _____ CITY, STATE, ZIP _____	□
TENANT NAME _____ ADDRESS _____ CITY, STATE, ZIP _____	□	TENANT NAME _____ ADDRESS _____ CITY, STATE, ZIP _____	□

Please see unincorporated business activity in instructions. List on a separate sheet if more than 4 properties

3. SCHEDULE 0 - OTHER INCOME NOT INCLUDED IN SCHEDULES C OR E (SUBSTANTIATION MUST BE ATTACHED)

INCOME FROM PARTNERSHIPS, ESTATES, TRUSTS, FEES, TIPS, LOTTERY, PRIZES, ETC. (attach copies of all applicable schedules, including K-1's; as well as copies of other city returns to substantiate credit against tax due Whitehall on the same income.
 MISCELLANEOUS INCOME received such as lottery/gambling winnings, tips (Not already included in wages) prizes and cash awards resulting from work-related activities, fees (such as director's, union steward, executive), non-compete income, etc. Commissions, 1099-Misc, Sub-contract income, etc., that is not reported on Fed. Sch. C

RECEIVED FROM NAME/I.D. NUMBER	FOR DESCRIPTION AND/OR LOCATION (APPLICABLE LOSSES W/O EXACT LOCATIONS WILL BE DISALLOWED)	AMOUNT
A.		
B.		

Total (3) \$ _____

TOTAL OTHER INCOME (Add sections 1-3) \$ _____
 Enter on Page 1, section 4

SCHEDULE X - ADJUSTMENT TO INCOME (Part year residents and income not subject to tax)

Part year residents (Wages earned in Whitehall may not be prorated). To prorated income – take total income divided by 12 x # of months not a resident of Whitehall or actual earnings with documentation. Enter Column 1

Under 18 for all or part of the year, enter income earned prior to turning 18 and attach proof of age. Birth date: ___/___/___
 Employment dates: ___/___/___ to ___/___/___ ; if you have multiple W2's attach list of dates employed for each W2 including month, day & year.

EXPLANATION	DEDUCTIONS
Total adjustment	

MAKE CHECK OR MONEY ORDER TO:

CITY OF WHITEHALL,
INCOME TAX DIVISION
360 SOUTH YEARLING ROAD
WHITEHALL, OHIO 43213-1894
(614) 237-9803, FAX (614) 237-7902

CITY OF WHITEHALL, OHIO
QUARTERLY NOTICE OF INSTALLMENT
DUE ON ESTIMATED TAX DECLARED

PAID CHECK WILL BE YOUR RECEIPT – DO NOT REMIT CASH BY MAIL

VOUCHER 4

INDIVIDUALS - DUE JANUARY 31
OTHERS - DUE 15TH DAY
OF 12TH MONTH

NAME(S) AND ADDRESS:

Account Number

Name

Spouse

Address

City/State/Zip


Email

SOCIAL SECURITY NUMBER OR FEDERAL TAX I.D. NUMBER:

TOTAL ESTIMATED TAX DECLARED: \$

QUARTERLY PAYMENT ENCLOSED: \$

TO PAY BY CREDIT CARD ONLINE OR BY PHONE



www.whitehall-oh.us.tax/htm • (877) 360-3472

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

Q-1 NOTIFY INCOME TAX DIVISION PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS SHOWN ABOVE.

MAKE CHECK OR MONEY ORDER TO:

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INCOME TAX DIVISION
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WHITEHALL, OHIO 43213-1894
(614) 237-9803, FAX (614) 237-7902

CITY OF WHITEHALL, OHIO
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VOUCHER 3

INDIVIDUALS - DUE OCTOBER 31
OTHERS - DUE 15TH DAY OF
THE 9TH MONTH

NAME(S) AND ADDRESS:

Account Number

Name

Spouse

Address

City/State/Zip


Email

SOCIAL SECURITY NUMBER OR FEDERAL TAX I.D. NUMBER:

TOTAL ESTIMATED TAX DECLARED: \$

QUARTERLY PAYMENT ENCLOSED: \$

TO PAY BY CREDIT CARD ONLINE OR BY PHONE



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WHITEHALL, OHIO 43213-1894
(614) 237-9803, FAX (614) 237-7902

CITY OF WHITEHALL, OHIO
QUARTERLY NOTICE OF INSTALLMENT
DUE ON ESTIMATED TAX DECLARED

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VOUCHER 2

INDIVIDUALS - DUE JULY 31
OTHERS - DUE 15TH DAY OF
THE 6TH MONTH

NAME(S) AND ADDRESS:

Account Number

Name

Spouse

Address

City/State/Zip


Email

SOCIAL SECURITY NUMBER OR FEDERAL TAX I.D. NUMBER:

TOTAL ESTIMATED TAX DECLARED: \$

QUARTERLY PAYMENT ENCLOSED: \$

TO PAY BY CREDIT CARD ONLINE OR BY PHONE



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