

2021 INDIVIDUAL TAX RETURN

FILE ON OR BEFORE APRIL 18, 2022



FILING IS REQUIRED - EVEN IF YOU HAVE NO INCOME OR NO TAX IS DUE

AMENDED RETURN

Primary SSN#: _____

Secondary SSN: _____

Name _____

Address _____

City/State/Zip _____

Email _____ **Phone:** _____

Resident Non Resident

Yes No Full-time student?

Yes No New Resident?

If you moved during the year, complete below.

Prior address: _____

Date moved to Monroe: _____

Date moved from Monroe: _____

FILING STATUS

- Single Head of Household
- Married filing joint return (do not have to file same status as Federal). Did you file a joint or separate Monroe return last year? Joint Separate
- Married filing separate Monroe return.
Please enter spouse's SSN# number above and full name here: _____

INCOME

- 1a. Total Wages from pg 2, wkst B, line E, col 1 (W-2s MUST BE ATTACHED)---OR--- \$ _____
- 1b. Total Wages **part-year residents** from pg 2, wkst A, line E, col 5 \$ _____
2. Total Other Taxable Income (complete Worksheet C on page 2) ATTACH FEDERAL 1040 & SCHEDULES \$ _____
3. Total MONROE TAXABLE INCOME (Add Lines 1 and 2) \$ _____

REQUIRED DOCUMENTS:
W-2(s)
1040 (pg. 1)
SCHS 1, C,E,F,
K-1
1099-MISC
1099-NEC
W2-G
Other City RTN*
***(income or refund request)**

TAX

4. MONROE INCOME TAX - Multiple Line 3 by 2% (.02) \$ _____

TAX WITHHELD, PAYMENTS, AND CREDITS

5. Resident Homeowner Credit - If you qualify, multiply Line 3 by 0.5% (0.005) \$ _____
6. Total Monroe Tax Withheld (from page 2 Worksheet B, Column 3) \$ _____
7. Credit for Taxes Withheld to Other Cities (from page 2 Worksheet B, Column 5A or 5B) \$ _____
8. Prior Year Overpayments (carry-forward amounts) \$ _____
9. 2020 Estimated Payments made to Monroe \$ _____
10. TOTAL PAYMENTS & CREDITS (Add Lines 5 through 9) \$ _____

BALANCE DUE, REFUND, OR CREDIT

11. **TAX DUE** - If Line 4 is more than Line 10, enter balance due (enter 0 if \$10 or less) \$ _____
12. Penalty, Late Filing: \$25 per month, not to exceed \$150 \$ _____
13. Penalty, Late Payment: 15% of all tax not timely paid \$ _____
14. Interest, Late Payment: Imposed on all tax not timely paid \$ _____
15. **TOTAL DUE** - Add Lines 11 through 14 (enter 0 if \$10 or less) \$ _____
16. **OVERPAYMENT** - If Line 4 < Line 10, enter result less Lines 12-14 (enter 0 if \$10 or less) \$ _____
- (A) Amount from Line 16 to be CREDITED to Next Year (enter 0 if \$10 or less) \$ _____
- (B) Amount from Line 16 to be REFUNDED (enter 0 if \$10 or less) \$ _____

DECLARATION OF ESTIMATED TAX FOR 2022 (REQUIRED IF ESTIMATED TAX LIABILITY IS \$200 OR GREATER)

ESTIMATE FOR NEXT YEAR

17. Total Estimated Income Subject to Tax \$ _____. **Multiply by applicable tax rate.** \$ _____
18. Monroe Tax to be Withheld or Credit for Tax Paid to Other Cities \$ _____
19. 2022 Estimated Tax Due (Line 17 minus Line 18) \$ _____
20. **DECLARATION DUE** (Multiply Line 19 by 25%, then subtract Line 16A above) \$ _____
21. **TOTAL AMOUNT DUE** - Add Lines 15 and 20. *Make checks payable to City of Monroe.* \$ _____

All appropriate Federal schedules and forms MUST be attached. A return is NOT complete unless schedules and forms are included.

WORKSHEET A - PART YEAR RESIDENT CALCULATION									
Column 1	Column 2		Column 3			Column 4	Column 5	Column 6	Column 7
CITY WHERE EMPLOYED (other than Monroe)	DATES WAGES EARNED		WORK DAY CALCULATIONS			MEDICARE WAGES	MONROE WAGES*	Work City Tax Withheld	Work City Taxes Withheld while Monroe Resident Col 6 x Col 3C
	From Date MM/DD/YY	Thru Date MM/DD/YY	A. Total Calendar Days	B. Days Lived in Monroe	C. MON % Col. B div Col. A	Greater of Box 5 OR Box 18 of W-2	Column 4 x Column 3C		
A.									
B.									
C.									
D.									
E. TOTALS (IF NONE ENTER ZERO)							\$		\$
							↳ Wkst B, Col 2 (enter each W-2, not the total)	↳ Wkst B, Col 5 (enter each W-2, not the total)	

*All Income earned in Monroe is fully taxable regardless of residency.

WORKSHEET B - SALARIES, WAGES, TIPS & OTHER EMPLOYEE COMPENSATION						
NAME OF EMPLOYER	Column 1	Column 2	Column 3	Column 4	Column 5	
	TAXABLE WAGES <i>Greater of Box 5 OR Box 18 of W-2</i>	CITY WHERE EMPLOYED <i>Box 20 of W-2</i>	USE ONLY IF "MONROE" IN BOX 20 "MONROE" TAX WITHHELD <i>Box 19 of W-2</i>	USE ONLY IF CITY OTHER THAN "MONROE" IN BOX 20 OTHER CITY TAX WITHHELD <i>Box 19 of W-2</i>	OPTION A - USE ONLY IF TAKING RESID. HOMEOWNER CREDIT <i>(Pg. 1, line 5)</i>	OPTION B - USE ONLY IF NOT TAKING RESID. HOMEOWNER CREDIT <i>(Pg. 1, line 5)</i>
A.						
B.						
C.						
D.						
E. TOTALS (IF NONE ENTER ZERO)	\$		\$		\$	\$
		↳ Pg. 1, Line 1a	↳ Pg. 1, Line 6	↳ Pg. 1, Line 7 ←		

WORKSHEET C - OTHER TAXABLE INCOME				
		Column 1	Column 2	Column 3
		Income/Loss from Federal Schedules	% taxable to Monroe (full year residents 100%)	Taxable Income (A x B)
1. SCHEDULE C - Total Business Income (Loss)	(Form 1040 - Sch 1, Line 3)			
2. SCHEDULE F - Total Farm Income (Loss)	(Form 1040 Sch 1, Line 6)			
3A. SCHEDULE E - Net Rental Income/Loss	(3A +3B +3C = Form 1040 Sch 1, Line5)			
3B. SCHEDULES E & K-1 - Net Income (Loss) from Partnerships				
3C. SCHEDULE E - Net Income (Loss) from S Corporations, Estates and Trusts, Other				
4. FORM 4797 - Ordinary Income (Loss)	(Form 1040 Sch 1, line 4)			
5A. 1099-MISC and/or 1099-NEC - If not included in Schedule C	(5A +5B +5C = Form 1040 Sch 1, Line 9)			
5B. FORM W-2G - Gambling and Lottery Winnings				
5C. Total OTHER INCOME (Commissions, Tips, Prizes, Jury Duty, etc.)				
6A. PRIOR YEAR LOSSES Carried Forward and Used in Current Year	Years: 2016 _____ + 2017 _____ + 2018 _____ + 2019 _____ <i>2016-2019 NOL Total being used</i>			
6B. Year: 2020 _____ (Amount of 2020 loss being used cannot exceed 50% of either the loss or the total 2020 "other income" not covered by 2016-2019 losses.)	<i>2019 50% LIMIT being used</i>			
7. TOTAL OTHER TAXABLE INCOME	(Combine Line 1 through Line 6)	\$ -		\$ -

Net loss from a business activity cannot be used to offset wage earnings. Do NOT enter amounts less than zero on Page 1. ↳ Pg 1, Line 2

The undersigned declares that this return (accompanying W-2's and supporting documents) is a true, correct, & complete return for the taxable period stated.

CHECK THIS BOX IF YOU HAVE REQUESTED A REFUND FROM ANOTHER CITY - WE WILL NEED A COPY OF THE CITY RETURN.

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

SIGNATURE OF PREPARER, IF OTHER THAN TAXPAYER _____ DATE _____

SIGNATURE OF TAXPAYER _____ DATE _____

NAME OF PREPARER _____ TELEPHONE NUMBER _____

SIGNATURE OF SPOUSE (IF JOINT RETURN) _____ TELEPHONE NUMBER _____