

File with the City of Cambridge Income Tax
828 Wheeling Ave., Cambridge, Ohio 43725
Phone: (740) 439-2355 • Fax: (740) 435-0149
Website: www.cambridgeoh.org
Forms available on Website
under City Government/Treasurer

Make Checks & Money Orders Payable to:
City of Cambridge Income Tax

2025 CAMBRIDGE OHIO INCOME TAX RETURN

FILING REQUIRED EVEN IF NO TAX IS
DUE ON OR BEFORE APRIL 15, 2026

TAX OFFICE USE ONLY

REFUND _____
TAX PAID _____
EST. PYMT. _____
P/I PAID _____
TOTAL PAID _____

FISCAL YEAR DATES FROM _____ TO _____

ACCT. # _____

Name _____

Address _____

City, State ZIP _____

If Moved During Year of This Return, Give Date of
Move:

INTO CITY _____ OUT OF CITY _____

Check status as a taxpayer:

☐ Resident Full Yr. ☐ Proprietor ☐ Corporation ☐ Part Yr.
☐ Partner ☐ Partnership ☐ Non-Resident ☐ Professional ☐ Rental

YOUR SOCIAL SECURITY NO. _____

SPOUSE'S SOCIAL SECURITY NO. _____

FEDERAL ID NO. _____

COPY OF EXTENSION MUST BE RECEIVED BY APRIL 15, 2026

ATTACH
W-2s, 1099s,
SCH. 1, AND
FED 1040
TO BACK OF
THIS FORM

1. TOTAL GROSS WAGES, SALARIES, TIPS & OTHER COMPENSATION..... \$ _____
2. OTHER TAXABLE INCOME
- A. Business Profit or Loss (Attach Federal Business Schedule)..... \$ _____
- B. Rental Income or Loss - Include Oil/Gas/Royalties (Attach Federal Schedule)..... \$ _____
- C. Gambling & Lottery winnings over \$1,200.00..... \$ _____
- D. Total other taxable income - Note: Losses cannot offset wages/W-2 income..... \$ _____
3. **Taxable Income:** (Line 1 plus 2D)..... \$ _____

INCOME

TAX

4. Cambridge Tax Due - 2% of line 3..... \$ _____

CREDITS 5. CREDITS

- A. Cambridge Income Tax Withheld by Employers..... \$ _____
- B. Income Tax Paid to Other Cities (Cannot be higher than 2.0%)..... \$ _____
- C. Estimated Tax Paid..... \$ _____
- D. Prior Year Overpayment..... \$ _____
- E. **Total Credits** (Add lines 5A thru 5D)..... \$ _____

BALANCE 6. Balance Tax Due (Subtract line 5E from line 4)..... \$ _____

7. Penalty: 15% \$ _____ + Interest 6% _____ + Late Charge \$ _____ = _____

8. **Total Amount Due** NOTE: No payment is due if amount is \$10.00 or less. \$ _____

9. **Overpayment Claimed**..... \$ _____

A. Enter amount from Line 8 you want **CREDITED** to your next year tax estimate..... \$ _____

B. Enter amount from Line 8 you want **REFUNDED** (must be greater than \$10.00)..... \$ _____

NOTE: NO REFUND WILL BE MADE UNTIL NEXT DECLARATION IS FILED AND FIRST QUARTER PAYMENT MADE.
INSTRUCTIONS ONLINE AT WWW.CAMBRIDGEOH.ORG

DECLARATION OF ESTIMATED TAX FOR YEAR 2026 (DUE APRIL 15 WITH FIRST QUARTER PAYMENT)

VOUCHER 1

Must Be Filed If Tax Balance Due for 2025 Was Over \$200.00

ESTIMATED
PAYMENTS DUE
2nd Qtr - June 15, 2026
3rd Qtr - Sept. 15, 2026
4th Qtr - Jan. 15, 2027

1. Income subject to tax _____ Times tax rate of 2.0% for gross tax of..... \$ _____
2. Less Expected Tax Credits:
- A. Tax withheld by employer..... \$ _____
- B. Income Tax paid to other cities (cannot be higher than 2.0%)..... \$ _____
- C. Overpayment from prior years..... \$ _____
- D. Total Credits (Add lines 2A, B, & C)..... \$ _____
3. Net Tax Due (line 1 less line 2D)..... \$ _____
4. Amount due with this declaration (1/4 of line 3)..... \$ _____

TOTAL AMOUNT DUE 2025 Balance Due _____ 2026 First Quarter Pmt _____ Total Due \$ _____

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 & COMPLETE.

IF PREPARED BY PERSON OTHER THAN TAXPAYER, THE DECLARATION IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE.

By signed return you authorize direct communication with return preparer.

PREPARER (PLEASE PRINT) _____ DATE _____

ADDRESS _____

PHONE NUMBER _____

SIGNATURE OF TAXPAYER _____ DATE _____

SIGNATURE OF SPOUSE (IF JOINT FILING) _____ DATE _____

PHONE NUMBER _____

SCHEDULE C - BUSINESS INCOME (FROM FEDERAL RETURN)

ATTACH W-2S HERE

1. ENTER TOTAL INCOME FROM SCHEDULES \$ _____
 2. A. ITEMS NOT DEDUCTIBLE (FROM LINE M SCHEDULE X) \$ _____
 - B. ITEMS NOT TAXABLE (FROM LINE Z SCHEDULE X) \$ _____
 - C. DIFFERENCE BETWEEN LINES 2A AND 2B TO BE ADDED OR SUBTRACTED FROM LINE 1 \$ _____
 3. A. ADJUSTED INCOME (LINE 1 PLUS OR MINUS 2C IF SCHEDULE X IS USED) \$ _____
 - B. AMOUNT ALLOCABLE TO THIS CITY (LINE 5 OF SCHEDULE Y) \$ _____
 4. NET BUSINESS INCOME (LINE 3A MULTIPLIED BY LINE 3B) \$ _____
- (IF POSITIVE, ENTER ON LINE 2A, PAGE 1 OR IF NEGATIVE, ENTER LOSS ON LINE 2A, PAGE 1)

SCHEDULE E - RENTAL INCOME (ATTACH FEDERAL RETURN)

1. ENTER TOTAL RENTAL INCOME \$ _____
 2. ENTER TOTAL RENTAL EXPENSES \$ _____
 3. ENTER NET INCOME (DIFFERENCE BETWEEN LINES 1 AND 2) \$ _____
- (IF POSITIVE, ENTER ON LINE 2B, PAGE 1 OR IF NEGATIVE, ENTER LOSS ON LINE 2B, PAGE 1)

ALL OTHER NON WAGE INCOME (ATTACH FEDERAL RETURN)

1. ENTER TOTAL INCOME \$ _____
 2. ENTER TOTAL EXPENSES \$ _____
 3. ENTER NET INCOME (DIFFERENCE BETWEEN LINES 1 AND 2) \$ _____
- (IF POSITIVE, ENTER ON LINE 2C, PAGE 1 OR IF NEGATIVE, ENTER LOSS ON LINE 2C, PAGE 1)

SCHEDULE X - BUSINESS INCOME SCHEDULE (including resident pass-through income)**ITEMS NOT DEDUCTIBLE
DEDUCT****ADD****ITEMS NOT TAXABLE**

- A. Losses from IRC 1221 or 1231 property dispositions.. \$ _____
- B. 5% of intangible income reported in line O of this
Sch. X except that from IRC 1221 property distribution \$ _____
- C. Taxes based on income \$ _____
- D. Dividends, distributions to REIT investors \$ _____
- E. Payments, accruals for qualified self-employed \$ _____
retirement plans, health insurance plans, and life \$ _____
- F. Other (explain & provide documentation) \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
- M. TOTAL ADDITIONS (lines A through F) \$ _____
Enter on Line 2A above

- N. Gains from IRC 1221 or 1231 property distributions
except IRC 1245 or 1250 \$ _____
- O. Intangible income, including interest, dividends,
patent & copyright income \$ _____
- P. Federal tax credits to extent they reduced
corresponding operating expenses \$ _____
- Q. Other (explain & provide documentation) \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
- Z. TOTAL DEDUCTIONS (lines N through Q) \$ _____
Enter on Line 2B above

SCHEDULE X - BUSINESS INCOME SCHEDULE (including resident pass-through income)

NOTE: This schedule is applicable only to entities doing business both within and outside Cambridge city limits.

	A. Located Everywhere	B. Located In This Municipality	C. Percentage (B ÷ A)
STEP 1: AVERAGE ORIGINAL COST OF REAL AND TANGIBLE PERSONAL PROPERTY GROSS ANNUAL RENTALS 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			_____ %
STEP 5: AVERAGES PERCENTAGE (DIVIDE TOTAL PERCENTAGES BY NUMBER OF PERCENTAGES USED)			_____ %