

TO BE FILED ON OR BEFORE
APRIL 16, 2007
 FILE WITH AND
 MAKE CHECK PAYABLE TO:
CITY OF NORWOOD
EARNINGS TAX DEPARTMENT
4645 MONTGOMERY RD.
NORWOOD, OHIO 45212

2006 NORWOOD 2006
INDIVIDUAL INCOME TAX RETURN
 FOR PERIOD
 JANUARY 1, 2006 THROUGH DECEMBER 31, 2006

TAX OFFICE : PHONE: 513-458-4590
 FAX: 513-458-4581

Required Information

Taxpayer's Social Security No. _____

Home Telephone No. _____

Business Telephone No. _____

Spouse's Social Security No. _____

Home Telephone No. _____

Business Telephone No. _____

Retired
 Social Security Disability

Filing Status
 Single
 Married filing joint
 Married filing separate

Resident
 Non-Resident

If you have moved during tax year - give dates
 Into / /
 Out of / /

TAXPAYER'S NAME & ADDRESS:

IF NOT SHOWN ABOVE, PRINT NAME AND ADDRESS

If you rent, please give landlord's information
 Name _____
 Address _____

Income

1 Wages, salaries, cash, tips, etc. (attach all W-2 forms) 1 []

2 Other taxable income (attach Federal Schedules and complete side 2 schedule) 2 []

3 Less allowable expenses not reimbursed (see instructions) 3 - []

4 Total taxable income (lines 1, 2 and 3) 4 []

Tax and Credits

5 Norwood tax due before credits (2.0% of line 4) 5 []

6 Estimated tax payments made to Norwood 6 []

7 Taxes withheld by employer and paid to Norwood 7 []

8 Taxes withheld and paid to other localities (2% maximum credit allowed) 8 []

9 Overpayment from prior year(s) 9 []

10 Total credits (add lines 6 through 9) 10 []

Tax Due (if greater than \$1.00)

11 If line 5 is more than line 10, subtract line 10 from line 5. THIS IS THE TAX AMOUNT YOU OWE. 11 []

Overpayment (issued only if greater than \$1.00)

12 If line 10 is greater than line 5, subtract line 5 from line 10. This is the amount you overpaid. 12 []

13 Amount of line 12 to be credited to next year's tax 13 []

14 Amount of line 12 to be refunded 14 []

15 Penalties and Interest: Late file _____ Late pay _____ Late estimate _____ Interest _____ 15 []

NOTE: BE SURE TO COMPLETE ESTIMATED TAX FORM FOR 2007

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.

Signature of Taxpayer _____ Date _____

Signature of Taxpayer _____ Date _____

Signature of Person Preparing if Other than Taxpayer _____ Date _____

Address _____ and Telephone Number _____

FOR TAX OFFICE USE ONLY

— PLEASE DO NOT WRITE IN THIS SPACE —