

<p>NECESSARY INFORMATION</p> <p>1. Check type of Organization: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other _____</p> <p>2. Date Business Started or was Incorporated _____</p> <p>3. Did you have any Employees in 2008? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>4. Are All Places of Business Subject to Norwood Earnings Tax included in This Return? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>2008 NORWOOD 2008</p> <p>BUSINESS EARNINGS TAX RETURN DUE ON OR BEFORE APRIL 15, 2009 or Fiscal Period</p> <p>Beginning _____, 20__ Ending _____, 20__</p> <p>File this Return and REMITTANCE with TAX COMMISSIONER 4645 MONTGOMERY ROAD NORWOOD, OH 45212-2689 513-458-4590</p>	<p>NECESSARY INFORMATION</p> <p>5. Federal I.D. or Social Security No. _____</p> <p>6. Telephone No. _____ If Moved During Year Give Date : IN _____ OUT _____</p> <p>7. Final Return ? ___Yes ___No</p> <p>8. If yes, answer #9 and/or #11, page 2 (Addition questions on back, page 2)</p>
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POST OFFICE BOX #
IS NOT
ACCEPTABLE
IDENTIFYING ADDRESS

IF NOT SHOWN, TYPE OR PRINT NAME AND ADDRESS CLEARLY

1. ADJUSTED FEDERAL INCOME (ATTACH COPY OF FEDERAL RETURN) Include Schd. Z Pg. 2	\$ _____
2. a. Add items not deductible (From line H Schedule X, Page 2)..... ADD	\$ _____
b. Deduct items not taxable (From line L Schedule X, Page 2)..... DEDUCT	\$ _____
c. Difference between 2a & 2b to be added or subtracted from Line 1 (+ or -)	\$ _____
3. ADJUSTED NET INCOME	
a. PROFIT/LOSS (Line 1 Plus or Minus Line 2c, if Schedule X is used).....	\$ _____
b. Amount of Line 3a Apportioned (_____% from Line 5 Schedule Y, Page 2).....	\$ _____
c. Less allocable net loss per previous Norwood tax returns (3 year limit).....	\$ _____
4. AMOUNT SUBJECT TO NORWOOD EARNINGS TAX (Line 3b less Line 3c).....	\$ _____
5. NORWOOD TAX : AT THE RATE OF 2.0% of Line 4.....	\$ _____
6. CREDITS:	
a. Deduct payments made on Declaration of Estimated Norwood Tax.....	\$ _____
b. Prior year Overpayments.....	\$ _____
c. TOTAL CREDITS ALLOWABLE	\$ _____
7. BALANCE OF TAX DUE (Line 5 less Line 6c).....	\$ _____
8. OVERPAYMENT: _____	
PLEASE REFUND _____ OR APPLY TO 2009 ESTIMATED TAX _____	

DECLARATION OF ESTIMATED TAX FOR YEAR 2009

(QUARTERLY PAYMENTS MANDATORY IF ESTIMATED LIABILITY IS \$100.00 OR MORE)

9. TOTAL INCOME SUBJECT TO TAX \$ _____ MULTIPLY BY RATE OF 2.0% FOR GROSS TAX OF	\$ _____
10. LESS TOTAL CREDITS:	
a. OVERPAYMENT FROM PRIOR YEAR.....	\$ _____
b. AMOUNT OF 2009 ESTIMATE PAID.....	\$ _____ = \$ _____
11. AMOUNT PAID WITH THIS DECLARATION (NOT LESS THAN ¼ OF LINE 9 LESS LINE 10).....	\$ _____
12. TOTAL OF THIS PAYMENT (LINE 7 PLUS LINE 11) MAKE CHECK PAYABLE TO: CITY OF NORWOOD	\$ _____

I DECLARE, under the penalties of perjury, that this return (including any accompanying schedules and statements) has been examined by me and is, to the best of my knowledge and belief, a true, correct and complete return, made in good faith, for the taxable period stated, pursuant to the Norwood Earnings Tax Ordinance and Regulations issued thereunder; the undersigned agrees to furnish or make available to the Commissioner of Taxation, a certified or photostatic copy of the Federal Income Return, or detailed schedule as attached to the Federal Income Return, filed with the Director of Internal Revenue for the period involved as part of this return.

_____ (Signature of person preparing the return)	_____ Signature (Taxpayer, Partner, Fiduciary, President or other principal officer)
_____ (Name of firm or employer, if any)	_____ (Date)
_____ (Title)	_____ (Date)