

Form IR 2008

FILE WITH AND MAKE CHECK PAYABLE TO CITY OF NORWOOD EARNINGS TAX DEPARTMENT 4645 MONTGOMERY ROAD NORWOOD, OHIO 45212	2008 NORWOOD 2008 INDIVIDUAL INCOME TAX RETURN DUE ON OR BEFORE APRIL 15, 2009 TAX OFFICE PHONE: 513-458-4590 FAX: 513-458-4581	EXTENSION REQUESTS must be made BY APRIL 15, 2009 See instructions for Extension Policy MAKE A COPY OF FORM IR FOR YOUR FILE
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TAXPAYER'S NAME & ADDRESS: IF NOT SHOWN ABOVE, PRINT NAME AND ADDRESS	REQUIRED INFORMATION: Taxpayer's Social Security No. _____ Spouse's Society Security No. _____ Home Telephone No. _____ Business Telephone No. _____ Retired _____ Social Security Disability _____ Filing Status: Single _____ Married _____ Resident _____ Move in date ____/____/____ Non-Resident _____ Move out date ____/____/____ If you rent, give Landlords' information: Name _____ Address _____
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INCOME AND TAX

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. _____
5. Norwood Tax (2.0% of line 4)		5. _____

CREDITS

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 line 6 through 9)		10. _____

TAX DUE

11. If line 5 is more than line 10, subtract line 10 from line 5. THIS IS THE TAX AMOUNT YOU OWE FOR 2008.	11. _____
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OVERPAYMENT

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 \$ _____ or Amount to be Refunded \$ _____	

DECLARATION OF ESTIMATED TAX FOR YEAR 2009

14. Total Income subject to tax _____ multiply by Tax Rate of 2.0% for Gross Tax of	14. _____
15. Less expected credits for Tax Withheld by employer for Norwood \$ _____ and/or for other cities Plus any credit from prior years \$ _____ (ALL TOTALED)	15. _____
16. Net Estimated Tax due for 2009 (line 14 minus line 15).	16. _____
17. Amount being paid with this Declaration (must be at least ¼ of line 16)	17. _____
18. TOTAL AMOUNT OF PAYMENT with this return (Line 11 plus line 17)	18. _____

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 THE TAXPAYER, THE DECLARATION IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE.

Signature of Taxpayer	Date	FOR TAX OFFICE USE ONLY
Signature of Taxpayer	Date	
Signature of Person Preparing if other than Taxpayer	Date	
Address	and	Telephone Number

-PLEASE DO NOT WRITE IN THIS SPACE-