

FILE WITH AND
MAKE CHECK PAYABLE TO
CITY OF NORWOOD
EARNINGS TAX DEPARTMENT
4645 MONTGOMERY ROAD
NORWOOD, OHIO 45212

2014 **NORWOOD** 2014
INDIVIDUAL INCOME TAX RETURN
DUE ON OR BEFORE APRIL 15, 2015

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

EXTENSION REQUESTS
must be made
BY APRIL 15, 2015
See instructions for Extension Policy
**MAKE A COPY OF FORM IR
FOR YOUR FILE**

TAXPAYER'S NAME & ADDRESS:

REQUIRED INFORMATION:

Taxpayer's Social Security No. _____
Spouse's Social 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 _____

IF NOT SHOWN ABOVE, PRINT NAME AND ADDRESS

INCOME AND TAX

- 1. Wages, salaries, cash, tips, etc. (attach all W-2 forms and front page of Fed. 1040) 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 2014. 11. _____

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 2015

(Quarterly payments are mandatory if your yearly estimated liability is \$100 or higher.)

- 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 2015 (line 14 minus line 15). 16. _____
- 17. Amount being paid with this Declaration (must be at least 1/4 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.

FOR TAX OFFICE USE ONLY

Signature of Taxpayer _____ Date _____

Signature of Taxpayer _____ Date _____

Signature of Person Preparing if other than Taxpayer _____ Date _____

Address _____ and Telephone Number _____

-PLEASE DO NOT WRITE IN THIS SPACE-

NORWOOD INCOME TAX FORM IR
SIDE TWO SCHEDULE
(Calculation for Line 2 Front Page)

| | |
|---|--------------|
| 19. Net profit(s)/loss from profession and/or business operation(s) Attach Federal Schedule C..... | 19. \$ _____ |
| 20. Net profit(s)/loss from rental property and/or partnership(s) Attach Federal Schedule E..... | 20. \$ _____ |
| 21. Net profit(s)/loss from farm income Attach Federal Schedule F..... | 21. \$ _____ |
| 22. Total net profit(s)/losses from business activities (Total lines 19, 20 and 21)..... | 22. \$ _____ |
| 23. Business losses from previous years' tax returns (if available) Maximum of three (3) years carryover..... | 23. \$ _____ |
| 24. Other taxable income from business activities (Total line 22 minus 23)..... | 24. \$ _____ |
| 25. Other taxable income (see instructions – Lines 2 and 25)..... | 25. \$ _____ |
| 26. Total other taxable income (report this amount on Line 2 – front page)..... | 26. \$ _____ |

ADDITIONAL INFORMATION

If your tax status has changed, please complete applicable items below:

A. I permanently discontinued work and have no taxable income after: _____ (State reason in "C" below)

B. I sold the following rental property subject to Norwood tax:

| | | |
|------------------|------------|------------------------------|
| Location Address | Date Sold: | Purchaser's Name and Address |
|------------------|------------|------------------------------|

| | | |
|--|--|--|
| | | |
|--|--|--|

C. Additional Notations: _____

FILING INSTRUCTIONS

MANDATORY FILING: All residents 16 years and older are required to file a return whether or not any tax is due and regardless if you rent or own. If for some reason, you do not have any taxable income, please return your form with an explanation and applicable verification and documentation. **If you do not respond, your account will be considered delinquent.** To avoid penalties and interest, your tax return and payment must be received on or before April 15th.

Line 1 Is to be grand total of all gross wages, salaries and compensation from all W-2 forms for the year. Generally use box 5 on the W-2. Attach copies of W-2s and a copy of your Federal 1040 Form.

Line 13 Your overpayment may either be credited to next year's taxes or refunded to you.

Line 2 Is for reporting such items as income from business activities, non-employee income listed on a 1099-MISC, sales commissions, fees, gambling winnings and other 1099 income received not pursuant to retirement and other taxable income. (See note for Line 24.) Attach Federal Schedules.

Line 14 through 18 – Calculate estimated tax due for 2015.

Line 19 through 23 Self Explanatory – call office with further questions.

Line 3 If during the tax year, you incurred expenses directly connected with your employment and essential to your earnings, they are allowable as a deduction from your gross earnings. Expenses are deductible only if recognized for Federal Income Tax purposes authorized by Norwood Earnings Tax Regulations and required by your employer. Such items as clothing, lodging, transportation to and from place of employment are not allowable. An itemized statement of all claimed expenses (copy of Federal travel expense sheet) must be furnished. All claimed expenses must be substantiated by actual records. Federal 2106 expenses are allowed with accompanying Schedule A.

Line 24 Total of other taxable income from business activities. NOTE: LOSSES FROM BUSINESS, INCLUDING RENTALS, MAY NOT BE OFFSET AGAINST PERSONAL SERVICES COMPENSATION. HOWEVER, LOSSES MAY BE CARRIED OVER FOR A MAXIMUM OF THREE YEARS.

Line 25 Show other taxable income not from business activities – see items listed in Line 2 instructions.

Line 26 Total of other income. Add Line 24 and 25. This amount should be shown on front page, Line 2.

Line 4 Total taxable income for Norwood.

PENALTIES AND INTEREST : UNPAID TAXES ACCUMULATE PENALTIES AND INTEREST AT 1% PER MONTH EACH (2% TOTAL PER MONTH). MINIMUM LATE PENALTY IS \$20.00.

Line 5 Tax due before credits – multiply Line 4 by 2%.

EXTENSION POLICY – A copy of your federal extension or other written request must be filed with the Norwood Tax Office by the due date of the Norwood return. An extension does not extend the time to pay taxes.

Line 6 Estimated tax payments made to Norwood for tax year 2014.

Line 7 Taxes withheld by employer and paid to Norwood.

NOTES: Protection of Taxpayer Information – Any information gained as a result of returns, investigations, etc., shall be confidential. No disclosures shall be made except for official purposes or as ordered by a court of competent jurisdiction or where disclosure is necessary to conduct a hearing before the Board of Appeals.

Line 8 Taxes withheld by employer and paid to other localities.
Credit is only allowed on income taxed in another city or county

Line 9 Overpayments from prior years' tax returns.

Be sure to complete the 2015 Estimated Tax Form on the bottom of page 1.

Line 10 Total credit for the tax year.

Line 11 This is your tax due. Subtract Line 10 from Line 5. Balance must be remitted with this return.

RETIREES: If you no longer work at all, please attach a copy of your annual Social Security statement and a copy of your annual 1099 Form for your pension received, if any. Also, indicate the date of your retirement on Line C above OR provide a statement from your former employer showing your retirement date. Please advise your date of birth on Line C above, also.

Line 12 This is the amount you overpaid. Subtract Line 5 from Line 10.