

Primary's First Name and Middle Initial

Last Name

Primary's Social Security Number

Joint, Spouse's First Name and Middle Initial

Last Name

Spouse's Social Security Number

Home Address (number and street)

- R

DATE RECEIVED

City

State

Zip Code

Filing Status:

- Single
- Married—Filing Jointly
- Married—Filing Separately

Englewood Residency Status: Full-Year Part-Year Non-Resident

If part-year, give residency dates: Moved in _____ Moved out _____

TAX OFFICE USE ONLY:

PAYMENT AMOUNT _____

CASH/CHECK/CC# _____

PART A TAX CALCULATION

Column A	Column B	Column C	Column D	Column E	Column F	Column G
List each Employer Separately EMPLOYER	Box 5 or 18 from the W2 (whichever amount is higher) Wages (W2 Income)	PART E or Column B Adjustments to Wages Taxable Wages	Tax Rate 1.75%	(C) times 1.75% Tax Due	Englewood Tax Withheld	Limited to 1.75% Other City Tax Credit (D) less (E) and (F) Balance Due
1 TOTAL TAX DUE FROM W2 INCOME	Total Wages	Total Taxable Wages		Total Tax Due	Total Englewood Withheld	Total Other City Credit 1
2 TOTAL TAX DUE FROM OTHER INCOME (PART B Line 12)					2	
3 GRAND TOTAL OF TAX DUE FROM ALL SOURCES OF INCOME (Total of Line 1 and 2)						3
4 LESS CREDITS FOR ESTIMATED TAX PAYMENTS AND OVERPAYMENT FROM PRIOR YEAR RETURN ONLY					4	
5 BALANCE DUE (Line 3 less Line 4) (If line 4 is greater than Line 3, enter amount here and carry to Line 8)						5
6 PENALTY \$ _____ INTEREST \$ _____ LATE CHARGE \$ _____						6
7 TOTAL AMOUNT DUE (add Lines 5 and 6) If amount due is \$10 or less no payment is required						7
8 OVERPAYMENT CLAIMED (if Line 4 exceeds Line 3)					8	
A Enter the amount from Line 8 you want CREDITED to your next year tax estimate				8A		
B Enter the amount from Line 8 you want REFUNDED (must be greater than \$10.00)					8B	

PART B**OTHER INCOME** Income from sources other than W2(s) See PART F or PART G or SCHEDULE Y for additional schedules

DESCRIPTION	Column H	Column I	Column J	Column K	Column L
	INCOME (OR LOSS) FROM PART F OR SCHEDULE Y	RENTAL INCOME (OR LOSS) FROM PART G	OTHER INCOME	GAMBLING Winnings	OTHER INCOME TOTAL
9 TOTAL OTHER INCOME (Total of Column L)					9
10 TOTAL TAX DUE (Total of Column L times 1.75% tax rate)					10
11 CREDIT FOR TAXES PAID TO OTHER CITIES (limited to 1.75% of taxed income per activity)					11
12 TOTAL TAX DUE ON OTHER INCOME (Line 10 less Line 11) (Place this amount on Line 2 above)					12

PART C**DECLARATION OF ESTIMATED CITY INCOME TAX - If you owe more than \$200 on line 3 you must complete this section**

13 TOTAL ESTIMATED INCOME FROM WAGES AND OTHER INCOME		13
14 TOTAL TAX DUE (Line 13 times 1.75% tax rate) (if under \$200, there is no need to proceed)		14
15 CREDIT FOR TAXES PAID TO OTHER CITIES OR ENGLEWOOD OR ON THE ACCOUNT (Limited to 1.75% of taxed income per activity)		15
16 TOTAL AMOUNT OF DECLARATION FOR TAX YEAR (Line 14 less Line 15) (The final day to pay this amount is January 15)		16
17 QUARTERLY PAYMENTS DUE (Line 16 divided by 4).....		17

PART D**SIGNATURES**

The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated and that the figures used herein are the same as used for Federal income tax purposes, adjusted to the ordinance requirements for local tax purposes, and if an audit of the Federal return is made which affects the tax liability shown on the return an amended return is required to be filed within three months.		<input type="checkbox"/> By checking this box I give permission to the City to communicate to me at this email.
Sign Here	Primary's Signature	Date
If a joint return	Spouse's Signature	Date
Preparer's Use Only	Preparer's Signature	Phone Number
Do you want to allow another person to discuss this matter with the City of Englewood? (see instructions) <input type="checkbox"/> YES Complete the following <input type="checkbox"/> NO		<input type="checkbox"/> By checking this box I give permission to the City to communicate to me at this email.
Third	Designee's Name	Phone Number
		CONTACT INFORMATION
City of Englewood Income Tax Department 333 W National Rd Englewood, OH 45322 937-836-5106 tax@englewood.oh.us		

Name(s) as shown on Page 1	Primary Social Security
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Address during the Period Covered by this Claim:

Adjustments to Wages and Claim for Refund

PART E	ADJUSTMENTS TO WAGES - List these figures on Page 1 in Column C of PART A
Section 1	2106 Expense Adjustment

1 If you are claiming employee expenses from Federal Form 2106, enter total wages (the larger of box 5 or 18 from W2)	Do not include wages included on Lines 13 or 22 below. See instructions	1	
2 Employee business expenses from Federal Form 2106 less 2% of Federal AGI reported on Lines 14 or 23 below. <u>ATTACH A COPY</u> of the 2106 and Federal Schedule A and Page 1 and 2 of the Federal 1040. See instructions	Do not include 2106 expenses	2	
3 Taxable Wages with 2106 Deduction. Subtract Line 2 from 1. If less than zero, enter zero. List this figure on Page 1 in Column C of PART A		3	

Section 2	Under the age of 16 Withholding
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4 If you were under the age of 16 for all or part of the year, enter your total wages for the year (the larger of box 5 or 18 from W2)	4	
5 Wages earned while under the age of 16. <u>ATTACH A COPY</u> of your birth certificate or a copy of your driver's license	5	
6 Taxable Wages (Subtract Line 5 from 4) List this figure on Page 1 in Column C of PART A	6	

Section 3	Partial Year Residents
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Resident Dates from _____ to _____			
7 Enter your total wages from employer (the larger of box 5 or 18 from W2)	7		
8 Wages earned while not a resident of Englewood <u>ATTACH A COPY</u> of a paystub close to your move in date	8		
9 Taxable Wages for Partial Year Residents (Subtract Line 8 from 7) List this figure on Page 1 in Column C of PART A	9		

Section 4	Tax Withholding Correction
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10 If city tax was improperly withheld from your wages, enter your total wages from that employer (the larger of box 5 or 18 from W2)	10	
11 Income upon which tax was improperly withheld by employer. <u>MUST COMPLETE CERTIFICATION BELOW</u>	11	
12 Taxable Wages (Subtract Line 11 from 10) List this figure on Page 1 in Column C of PART A	12	

Section 5	Non Resident Over-the-Road Truck Drivers, Air Carrier Employees or Railroad Employees
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13 If you were a nonresident over-the-road truck driver or nonresident railroad employee assigned duties only within Ohio, enter your total wages here (the larger of box 5 or 18 from W2)	13	
14 Enter the amount of 2106 expenses related to this income <u>ATTACH A COPY</u> of the 2106 and Federal Schedule A	14	
15 Subtract Line 14 from 13. If less than zero, enter zero	15	
16 Multiple Line 15 by 10% (.10). List this figure on Page 1 in Column C of PART A <u>MUST COMPLETE CERTIFICATION BELOW</u>	16	

Section 6	Non Resident working outside the city limits with Englewood withholdings
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17 Enter the total number of vacation days taken during the entire year	17	
18 Enter the total number of holidays for the entire year	18	
19 Enter the total number of sick leave days taken for the entire year	19	
20 Add Lines 17 through 19	20	
21 Total Days Available to be outside of city — Subtract Line 20 from 260 days (total workdays in a year) (see instructions)	21	
22 Enter your total wages for this job for the year (the larger of box 5 or 18 from W2)	22	
23 Enter the amount of 2106 expenses related to this income <u>ATTACH A COPY</u> of the 2106 and Federal Schedule A	23	
24 Subtract Line 23 from 22. If less than zero, enter zero	24	
25 Divide Line 24 by the number of days shown on Line 21	25	
26 Enter the number of days worked in the city (Line 21 less total days worked out)	26	
27 Multiple Line 25 by Line 26. List this figure on Page 1 in Column C of PART A <u>MUST COMPLETE CERTIFICATION BELOW</u>	27	

Certification by Employer regarding Adjustments to Wages

Employer certification is required to claim adjustments on Lines 10 through 27 above. Your request for refund will not be considered valid without a completed employer certification.

A separate certification is required for each job for which you are claiming adjustments on Lines 10 through 27 above.

I/We certify that the employee referenced on this form was employed by the undersigned during the year referenced on this tax return; that the employee was either not working inside the corporate limits of the City of Englewood or Englewood tax was improperly withheld; that no portion of the tax withheld has been or will be refunded to the employee; and that no adjustment has been or will be made in remitting taxes withheld to the City of Englewood.

Name of Employer ►	Phone Number	Date
Official's Signature ►	Official's Name Printed	Official's Job Title

Name(s) as shown on Page 1

Primary Social Security

STOP: If your only source of income is from wages, do not complete the remainder of this page. Return to Page 1. Copies of your Federal Schedule C, E and F may be attached to your city return in lieu of completing the schedules below.

PART F	SCHEDULE C — INCOME (LOSS) FROM SELF-EMPLOYMENT	
Business Name:		
Business Address:		
Has City income tax been withheld from and remitted for all taxable employees during the period covered by this return?		Nature of Business:
<input type="checkbox"/> Yes <input type="checkbox"/> No (if NO, explain on an attached statement)		Federal ID (if any):
		Date Business Began in Englewood:

Section 1	INCOME		
1	Total Receipts Less Allowances, Rebates and Returns	1	
2	Less Cost of Goods Sold or Cost of Operations	2	
3	Gross Profit (Subtract Line 2 from Line 1)	3	
4	Other Business Income (attach schedule)	4	
5	Gross Income (Add Lines 3 through 6)	5	
Section 2	EXPENSES		
6	Advertising and Promotion	6	
7	Bad Debts	7	
8	Car & Truck Expenses	8	
9	Depreciation/Amortization/Depletion	9	
10	Interest of Business Indebtedness	10	
11	Rents	11	
12	Repairs	12	
13	Salaries and Wages	13	
14	Compensation of Officers	14	
15	Commissions (attached 1099s)	15	
16	Taxes & Licenses	16	
17	Other—attached schedule if over \$5,000	17	
18	Total Expenses (Add Lines 8 through 19)	18	
19	Net Profit (Loss) from Business or Professions (Subtract Line 20 from Line 7) - Carry this figure to Page 1 in PART B in Column H	19	
20	Net Operating Loss from 2017 or after (Limited to 50%)	20	
21	Net Profit After Net Operating Loss	21	

PART G	SCHEDULE E — RENTAL INCOME (LOSS)		Carry these figures to Page 1 in PART B in Column I	
22	Address of Property (Street/City/State)	22	Property A	Property B
23	Rents Received	23		
24	Total Expenses	24		
25	Net Income (Loss)	25		
26	Net Operating Loss from 2017 (Limited to 50%)	26		
27	Net Income (Loss) After Net Operating Loss - Carry this figure to PART B on Page 1	27		
28	Local Tax Paid (limited to 1.75% of Line 6) Carry this figure on Page 1 in PART B on Line 11	28		
29	Name of City that Taxes were paid to — <i>ATTACH A COPY</i> of the other city tax return	29		

SCHEDULE Y	BUSINESS ALLOCATION FORMULA		
Use this schedule if engaged in business in more than one city and you do not have books and records which will disclose with reasonable accuracy what portion of the net profits is attributed to that part of the business done within the boundaries of the city or cities involved.			
	A. LOCATED EVERYWHERE	B. LOCATED IN ENGLEWOOD	PERCENTAGE (B ÷ A)
STEP 1	Original Cost of Real & Tangible Personal Property	\$ _____	\$ _____
	Gross Annual Rentals Paid Multiplied by 8	\$ _____	\$ _____
	Total Step 1	\$ _____	\$ _____
			% _____
STEP 2	Gross Receipts from Sales made and/or work performed	\$ _____	\$ _____
STEP 3	Wages, Salaries and other Compensation paid	\$ _____	\$ _____
STEP 4	Total Percentages	\$ _____	\$ _____
STEP 5	Average Percentages (divide total percentages by number of percentages used)	% _____	
STEP 6	Total Net income multiplied by Average Percentage (STEP 5) - Transfer Total to PART B	\$ _____	