

INCOME TAX DIVISION, CITY HALL
SPRINGFIELD, OH 45502

PHONE (937) 324-7357
FAX (937) 328-3471

Phone: () -

TAXPAYER NAME and ADDRESS (Indicate Changes)
Resident Non-Resident Part Year Resident (dates)
Former Address
Social Security Number

SPOUSE NAME and ADDRESS (Indicate Changes)
Resident Non-Resident Part Year Resident (dates)
Former Address
Social Security Number

PART A TAXPAYER EXEMPTION
I AM NOT REQUIRED TO COMPLETE PART B BECAUSE (CHECK ONE)
I AM PERMANENTLY RETIRED AS OF
ONLY INCOME IS FROM NON-TAXABLE SOURCE. (SEE INSTRUCTIONS)
LIST SOURCE: DATE OF BIRTH:
NO INCOME FOR ALL OF 2006.
UNDER 18 YEARS OF AGE FOR ENTIRE YEAR OF 2006.
DATE OF BIRTH PROVIDE DOCUMENTATION FOR REFUND
ACTIVE DUTY MILITARY FOR ENTIRE YEAR OF 2006.
NON-RESIDENT FOR ENTIRE YEAR OF 2006.
DATE OF MOVE SIGN IN PART C.

PART A SPOUSE EXEMPTION
I AM NOT REQUIRED TO COMPLETE PART B BECAUSE (CHECK ONE)
I AM PERMANENTLY RETIRED AS OF
ONLY INCOME IS FROM NON-TAXABLE SOURCE. (SEE INSTRUCTIONS)
LIST SOURCE: DATE OF BIRTH:
NO INCOME FOR ALL OF 2006.
UNDER 18 YEARS OF AGE FOR ENTIRE YEAR OF 2006.
DATE OF BIRTH PROVIDE DOCUMENTATION FOR REFUND
ACTIVE DUTY MILITARY FOR ENTIRE YEAR OF 2006.
NON-RESIDENT FOR ENTIRE YEAR OF 2006.
DATE OF MOVE SIGN IN PART C.

PART B TAXPAYER SPOUSE
ATTACH W-2'S AND FEDERAL SCHEDULES ON REVERSE SIDE
INCOME
1. \$ TOTAL WAGES AND COMPENSATION (See W2 Sample)
2. TOTAL OTHER INCOME (From Worksheet B on reverse side, Not Less Than -0-)
3. NET ADJUSTMENTS (From Worksheet C on reverse side)
4. TOTAL TAXABLE INCOME (Add lines 1 through 3)
5. \$ SPRINGFIELD CITY TAX - 2% (Multiply line 4 by .02)
PAYMENTS AND CREDITS
6. \$ ESTIMATED PAYMENTS / PRIOR YEAR OVERPAYMENT CREDIT
7. WITHHELD FOR SPRINGFIELD (From W-2)
8. OTHER CITY TAX CREDIT OR J.E.D.D. TAX CREDIT (From Worksheet D on reverse side)
9. TOTAL PAYMENTS AND CREDITS (Add lines 6 through 8)
10. \$ BALANCE OF TAX DUE (line 5 minus line 9 if \$1.00 or more)
11. \$ OVERPAYMENT (If line 9 exceeds line 5 by \$1.00 or more)
12. \$ TOTAL 2007 ESTIMATED TAX DUE (Before credits)
13. LESS CREDIT FOR TAX WITHHELD
14. NET 2007 ESTIMATED TAX DUE (Line 12 minus line 13)
15. QUARTERLY AMOUNT DUE (1/4 of line 14)
16. PRIOR YEAR CREDIT (Line 11) APPLIED TO FIRST QUARTERLY PAYMENT
17. \$ BALANCE OF QUARTERLY PAYMENT DUE 4/16/07 (Line 15 minus line 16)
18. \$ TOTAL DUE 4/16/07 (Add lines 10 and 17)
(make check or money order payable to COMMISSIONER OF TAXATION, SPRINGFIELD, OHIO, if \$1.00 or more)

METHOD OF PAYMENT
Check VISA MasterCard
CREDIT CARD EXPIRATION DATE / /
(Amount Authorized)
PHONE NUMBER HOME WORK
CARDHOLDER SIGNATURE

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PART C 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, and if an audit of Federal return is made which affects tax liability shown on this return, an amended return will be filed within 3 months.
TAXPAYER (Date) SPOUSE (Date)
Preparer's signature (other than taxpayer) (Date) Address (and Zip Code) F.E.I.N. or Soc. Sec. No.

If this return was prepared by a tax practitioner, may we contact your practitioner directly with questions regarding the preparation of this return?
YES NO

WORKSHEET A - WAGES AND COMPENSATION (From W-2's) **TAXPAYER**

Location where earned - List separately	Total wages (as shown on W-2 form)	Withheld for Springfield
(To Part B, Line 1)		

WORKSHEET C - ADJUSTMENTS TO INCOME

EMPLOYEE BUSINESS EXPENSE \$
 (See Instructions) (To Part B, Line 3)
 Must attach both Schedule A and 2106

OTHER ADJUSTMENTS \$
 (To Part B, Line 3)

Must fully explain, plus support with documentation and calculations. Proration of income results in proration of credit.

WORKSHEET B - OTHER INCOME (From Schedules and Attachments)

TYPE	LOCATION	Net Taxable Gain From Fed. Schedule	Net Taxable Loss From Fed. Schedule
Proprietorship Income (Schedule C)			
Rental Income (Schedule E)			
Partnership Income (Schedule E/K-1)			
Farm Income (Schedule F)			
Other Income			
(Part B, Line 2)			(Not Less Than -0-)

Losses from schedules or businesses, including multiple partnerships, may not offset gains from other schedules or businesses except sole proprietorships, rentals and farms in the name of the same individual. Net losses may not offset personal service compensation, wages or W-2 income.

Partnership losses may not offset partnership, sole proprietorship, rental or farm gains. Jointly owned rental property gains/losses are allocated equally among owners of record.

WORKSHEET D - OTHER CITY TAX CREDIT AND JOINT ECONOMIC DEVELOPMENT DISTRICT TAX CREDIT - SEE INSTRUCTIONS

D-1
 Cities or J.E.D.D. with tax rate UP TO 2%.
 Credit Allowed: 1/2 of tax correctly paid, max. 1% of taxable income earned in other entity.

LOCATION	TAXABLE INCOME	TAX PAID
TOTAL		
		X .5
ALLOWABLE CREDIT, (To Part B, Line 8) <input style="width:100px;" type="text"/>		

D-2
 Cities with tax rate GREATER than 2% (i.e. Dayton - 2.25%, Oakwood - 2.5%)
 Other City Credit Allowed: 1/2 of tax correctly paid, max. 1% of taxable income earned in other city.

A	B	C	D	E
LOCATION	TAXABLE INCOME	OTHER CITY TAX PAID	2% of Column B	LESSER of Column C or D
TOTAL				
				X .5
ALLOWABLE CREDIT, (To Part B, Line 8) <input style="width:100px;" type="text"/>				

WORKSHEET A - WAGES AND COMPENSATION (From W-2's) **SPOUSE**

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