



**CITY OF SPRINGFIELD**  
 DIVISION OF TAXATION  
 P.O. Box 5200  
 SPFLD, OH 45501  
 Telephone: (937) 324-7357  
 Fax: (937) 328-3471

**2007 INCOME TAX RETURN**  
**Due by April 15, 2008**

www.ci.springfield.oh.us

**INDIVIDUAL FILING ONLY**

If you moved during the year: Date moved in \_\_\_\_\_ moved out \_\_\_\_\_  
 Former Address \_\_\_\_\_  
 Telephone \_\_\_\_\_

If you moved during the year: Date moved in \_\_\_\_\_ moved out \_\_\_\_\_  
 Former Address \_\_\_\_\_  
 Telephone \_\_\_\_\_

**PART A**

I AM NOT REQUIRED TO FILE \_\_\_\_\_ SEE INSTRUCTIONS  
 STATE REASON \_\_\_\_\_

**TAXPAYER**

ACCT # \_\_\_\_\_

**PART A**

I AM NOT REQUIRED TO FILE \_\_\_\_\_ SEE INSTRUCTIONS  
 STATE REASON \_\_\_\_\_

**SPOUSE**

ACCT # \_\_\_\_\_

**PART B**

ATTACH W-2'S AND FEDERAL SCHEDULES ON REVERSE SIDE

**INCOME**

1. \$ _____	TOTAL WAGES AND COMPENSATION (See W2 Sample) .....	1. \$ _____
2. _____	TOTAL OTHER INCOME (From Worksheet B on reverse side, Not Less Than -0-) .....	2. _____
3. _____	NET ADJUSTMENTS (From Worksheet C on reverse side) .....	3. _____
4. _____	TOTAL TAXABLE INCOME (Add lines 1 through 3) .....	4. _____
5. \$ _____	SPRINGFIELD CITY TAX - 2% (Multiply line 4 by .02) .....	5. \$ _____

**PAYMENTS AND CREDITS**

6. \$ _____	ESTIMATED PAYMENTS / PRIOR YEAR OVERPAYMENT CREDIT .....	6. \$ _____
7. _____	WITHHELD FOR SPRINGFIELD (From W-2) .....	7. _____
8. _____	OTHER CITY TAX CREDIT OR J.E.D.D. TAX CREDIT (From Worksheet D on reverse side) .....	8. _____
9. _____	TOTAL PAYMENTS AND CREDITS (Add lines 6 through 8) .....	9. _____
10. \$ _____	BALANCE OF TAX DUE (line 5 minus line 9) .....	10. \$ _____
11. \$ _____	OVERPAYMENT .....	11. \$ _____

\_\_\_\_\_ CREDIT TO 2008 \_\_\_\_\_ REFUND \_\_\_\_\_ CREDIT TO 2008 \_\_\_\_\_ REFUND

OFFICE USE ONLY

OFFICE USE ONLY

**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) \_\_\_\_\_  
 Social Security Number

SPOUSE \_\_\_\_\_ (Date) \_\_\_\_\_  
 Social Security Number

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

(make check or money order payable to **COMMISSIONER OF TAXATION, SPRINGFIELD, OHIO**, if \$1.00 or more)

**METHOD OF PAYMENT**

DISCOVER  VISA  MasterCard

\$ \_\_\_\_\_ CREDIT CARD EXPIRATION DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 (Amount Authorized)

PHONE NUMBER \_\_\_\_\_ HOME \_\_\_\_\_ WORK \_\_\_\_\_

\_\_\_\_\_ CARDHOLDER SIGNATURE

**METHOD OF PAYMENT**

DISCOVER  VISA  MasterCard

\$ \_\_\_\_\_ CREDIT CARD EXPIRATION DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 (Amount Authorized)

PHONE NUMBER \_\_\_\_\_ HOME \_\_\_\_\_ WORK \_\_\_\_\_

\_\_\_\_\_ CARDHOLDER SIGNATURE

