



**CITY OF SPRINGFIELD**  
 DIVISION OF TAXATION  
 P.O. BOX 5200  
 SPRINGFIELD, OH 45501  
 TELEPHONE: (937) 324-7357  
 FAX: (937) 328-3471

# 2008 INCOME TAX RETURN

**DUE BY APRIL 15, 2009**

www.ci.springfield.oh.us

## INDIVIDUAL FILING ONLY

### TAXPAYER

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

### SPOUSE

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

TELEPHONE \_\_\_\_\_  
 IF YOU MOVED DURING THE YEAR: DATE MOVED: IN \_\_\_\_\_ OUT \_\_\_\_\_  
 FORMER ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_  
 IF YOU MOVED DURING THE YEAR: DATE MOVED: IN \_\_\_\_\_ OUT \_\_\_\_\_  
 FORMER ADDRESS \_\_\_\_\_

### PART A

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

### PART A

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

### PART B

### INCOME

### PART B

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

### PAYMENTS AND CREDITS

6.		6. ESTIMATED PAYMENTS / PRIOR YEAR OVERPAYMENT CREDIT	6.	
7.		7. WITHHELD FOR SPRINGFIELD (From W-2)	7.	
8.		8. OTHER CITY TAX CREDIT OR J.E.D.D. TAX CREDIT (From Worksheet D on reverse side)	8.	
9.		9. TOTAL PAYMENTS AND CREDITS (Add lines 6 through 8)	9.	
10.		10. <b>BALANCE OF TAX DUE</b> (line 5 minus line 9)	10.	
11.		11. UNDER-PAYMENT OF ESTIMATE PENALTY	11.	
12.		12. LATE PENALTY	12.	
13.		13. INTEREST	13.	
14.		14. TOTAL PENALTY AND INTEREST (Add Lines 11 through 13)	14.	
15.		15. <b>TOTAL TAX, PENALTY AND INTEREST</b> (Add Lines 10 and 14)	15.	
16.		16. OVERPAYMENT (If Line 9 exceeds Line 5)	16.	

CHECK ONE:  CREDIT TO 2008  REFUND  TRANSFER TO SPOUSE (NO REFUNDS OR CREDIT IF LESS THAN \$1.00) CHECK ONE:  CREDIT TO 2008  REFUND  TRANSFER TO SPOUSE

### 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.

SOCIAL SECURITY NUMBER    -   -

SOCIAL SECURITY NUMBER    -   -

TAXPAYER \_\_\_\_\_ (DATE) \_\_\_\_\_

SPOUSE \_\_\_\_\_ (DATE) \_\_\_\_\_

PREPARER'S SIGNATURE (OTHER THAN TAXPAYER) \_\_\_\_\_ (DATE) \_\_\_\_\_ F.E.I.N. OR SOC. SEC. NO. \_\_\_\_\_

ADDRESS (AND ZIP CODE) \_\_\_\_\_ TELEPHONE \_\_\_\_\_

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

\$ \_\_\_\_\_ (AMOUNT AUTHORIZED) CREDIT CARD EXP. DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

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

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Discover  VISA  MasterCard

\$ \_\_\_\_\_ (AMOUNT AUTHORIZED) CREDIT CARD EXP. DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

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

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

**TAXPAYER**

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

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

**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 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 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) \_\_\_\_\_

**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) \_\_\_\_\_

**SPOUSE**

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TOTAL		

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TOTAL				

X .5

ALLOWABLE CREDIT, (To Part B, Line 8) \_\_\_\_\_