



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

2009 INCOME TAX RETURN
DUE BY APRIL 15, 2010

www.ci.springfield.oh.us

INDIVIDUAL FILING ONLY

TAXPAYER ACCT # _____

SPOUSE ACCT # _____

TELEPHONE NUMBER _____
 IF YOU MOVED DURING THE YEAR: DATE MOVED: IN _____ OUT _____
 FORMER ADDRESS _____

TELEPHONE NUMBER _____
 IF YOU MOVED DURING THE YEAR: DATE MOVED: IN _____ OUT _____
 FORMER ADDRESS _____

PART I I AM NOT REQUIRED TO FILE. SEE INSTRUCTIONS.
 STATE REASON _____

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 STATE REASON _____

PART II

INCOME

PART II

1.		1. TOTAL WAGES AND COMPENSATION (See instructions)	1.	
2.		2. TOTAL OTHER INCOME (From Worksheet B on reverse side. See instructions.)	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. See Instructions)	9.	
	10.	10. BALANCE OF TAX DUE (line 5 minus line 9)		10.
11.		11. INTEREST DUE (See Instructions.)	11.	
12.		12. LATE PENALTIES (See Instructions.)	12.	
	13.	13. TOTAL PENALTY AND INTEREST (add Lines 11 and 12)		13.
	14.	14. TOTAL TAX, PENALTY AND INTEREST (Add Lines 10 and 13)		14.
	15.	15. OVERPAYMENT (If Line 9 is more than Line 5. See Instructions)		15.

CHECK ONE: CREDIT TO 2010 REFUND TRANSFER TO SPOUSE (NO REFUNDS OR CREDIT IF LESS THAN \$1.00) CHECK ONE: CREDIT TO 2010 REFUND TRANSFER TO SPOUSE

PART III

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) _____

PART IV

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)

PART V

METHOD OF PAYMENT

PART V

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

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

PHONE NUMBER: HOME _____ WORK _____

PHONE NUMBER: HOME _____ WORK _____

CARDHOLDER SIGNATURE _____

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 II, 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			
(To Part II, Line 2)			

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, unless otherwise indicated.

WORKSHEET C - ADJUSTMENTS TO INCOME - Must fully explain and support with documentation and calculations. Proration of income results in proration of credit.

EMPLOYEE BUSINESS EXPENSE (*)..... \$ _____ (To Part II, Line 3)

***MUST ATTACH BOTH FEDERAL SCHEDULE A AND FORM 2106 See Instructions for deduction limitations.**

OTHER ADJUSTMENTS \$ _____ (To Part II, Line 3)

WORKSHEET D - CREDIT FOR OTHER CITY TAX OR JOINT ECONOMIC DEVELOPMENT DISTRICT (JEDD) TAX PAID - SEE INSTRUCTIONS

Other City Credit Allowed: 1/2 of tax correctly paid, maximum allowable credit 1% of taxable income earned in other jurisdictions.

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 II, Line 8) _____

SPOUSE

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TOTAL				

X .5

ALLOWABLE CREDIT, (To Part II, Line 8) _____