FILE WITH AND MAKE CHECK PAYABLE TO CITY OF NORWOOD EARNINGS TAX DEPARTMENT 4645 MONTGOMERY ROAD NORWOOD, OHIO 45212 2016 **NORWOOD** 2016 INDIVIDUAL INCOME TAX RETURN DUE ON OR BEFORE APRIL 18, 2017

TAX OFFICE PHONE: 513-458-4590

FAX: 513-458-4581

MAKE A COPY OF FORM IR FOR YOUR FILE

TAXPAYER'S NAME & ADDRESS: IF NOT SHOWN ABOVE, PRINT NAME A	Ta Sp Ho Bu Re Fill Re No If y Na	EQUIRED INFORMATION: Expayer's Social Security No. Move in data of the social Security No. Social Security No. Move in data of the social Security No. Social Security No. Social Security No. Move in data of the social Security No. S	urity Disability
INCOME AND TAX	•		
 Wages, salaries, cash, tips, etc. (attach all Other taxable income (attach Federal Sch Less allowable expenses not reimbursed Total taxable income (lines 1, 2 and 3) 	nedules and complete side 2 schedule		4
5. Norwood Tax (2.0% of line 4)			5.
CREDITS 6. Estimated Tax Payments made to Norwo 7. Taxes withheld by employer and paid to 8. Taxes withheld and paid to other localitie 9. Overpayment from prior year(s) 10. Total Credits (add line 6 through 9)	Norwood	6 7 8 9	10
TAX DUE 11. If line 5 is more than line 10, subtract line	ne 10 from line 5. THIS IS THE TAX	(AMOUNT YOU OWE FOR 201	6. 11
OVERPAYMENT 12. If line 10 is greater than line 5, subtract 13. Amount of line 12 to be credited to next			12
	by employer for Norwood \$(ALL TOTALED) I minus line 15).	ated liability is \$200 or higher.) 2.0% for Gross Tax of	14 15 16 17
18. TOTAL AMOUNT OF PAYMENT W	with this return (Line 11 plus line 17)		18
I CERTIFY THAT I HAVE EXAMINED THIS RETUR MY KNOWLEDGE AND BELIEF IT IS TRUE, CORR DECLARATION IS BASED ON ALL INFORMATION	ECT AND COMPLETE. IF PREPARED BY	A PERSON OTHER THAN THE TAXPA	
Signature of Taxpayer	Da	FOR TAX	OFFICE USE ONLY
Signature of Taxpayer	D	ate	
Signature of Person Preparing if other than Taxpayer	D	ate	
Address and	Telephone N	umber -PLEASE DO NO	Γ WRITE IN THIS SPACE-

NORWOOD INCOME TAX FORM IR SIDE TWO SCHEDULE

(Calculation for Line 2 Front Page)

	(emeration to: 2.10 2.1 to 11.1 ugs)	
20. 21. 22. 23. 24. 25.	Net profit(s)/loss from profession and/or business operation(s) Attach Federal Schedule C. Net profit(s)/loss from rental property and/or partnership(s) Attach Federal Schedule E. Net profit(s)/loss from farm income Attach Federal Schedule F. Total net profit(s)/losses from business activities (Total lines 19, 20 and 21). Business losses from previous years' tax returns (if available) Maximum of five (5) years carryover. Other taxable income from business activities (Total line 22 minus 23). Other taxable income (see instructions – Lines 2 and 25). Total other taxable income (report this amount on Line 2 – front page).	19. \$
	ADDITIONAL INFORMATION	
If yo	our tax status has changed, please complete applicable items below:	
A.	I sold the following rental property subject to Norwood tax:	
	Location Address Date Sold: Purchaser's Name and Ac	ldress
B.	Additional Notations:	
	DH DIO DIOTRIVOTIONO	
	FILING INSTRUCTIONS	100
	IDATORY FILING: All residents 16 years and older are required to file a return whether or not any tax is due and regardless if you rent or n, you do not have any taxable income, please return your form with an explanation and applicable verification and documentation. If you	
	ant will be considered delinquent. To avoid penalties and interest, your tax return and payment must be received on or before April 18 th .	as not respond, your

- Line 1 Is to be grand total of all gross wages, salaries and compensation from all W-2 forms for the year. Generally use box 5 on the W-2.

 Attach copies of W-2s and a copy of your Federal 1040 Form.
- Line 2 Is for reporting such items as income from business activities, nonemployee income listed on a 1099-MISC, sales commissions, fees, gambling winnings and other 1099 income received not pursuant to retirement and other taxable income. (See note for Line 24.) Attach Federal Schedules.
- Line 3 If during the tax year, you incurred expenses directly connected with your employment and essential to your earnings, they are allowable as a deduction from your gross earnings. Expenses are deductible only if recognized for Federal Income Tax purposes authorized by Norwood Earnings Tax Regulations and required by your employer. Such items as clothing, lodging, transportation to and from place of employment are not allowable. An itemized statement of all claimed expenses (copy of Federal travel expense sheet) must be furnished. All claimed expenses must be substantiated by actual records. Federal 2106 expenses are allowed with accompanying Schedule A.
- Line 4 Total taxable income for Norwood.
- Line 5 Tax due before credits multiply Line 4 by 2%.
- Line 6 Estimated tax payments made to Norwood for tax year 2016.
- Line 7 Taxes withheld by employer and paid to Norwood.
- Line 8 Taxes withheld by employer and paid to other localities.

 Credit is only allowed on income taxed in another city or county
- Line 9 Overpayments from prior years' tax returns.
- Line 10 Total credit for the tax year.
- Line 11 This is your tax due. Subtract Line 10 from Line 5. Balance must be remitted with this return.
- Line 12 This is the amount you overpaid. Subtract Line 5 from Line 10.

- Line 13 Your overpayment may either be credited to next year's taxes or refunded to you.
- Line 14 through 18 Calculate estimated tax due for 2017.
- Line 19 through 23 Self Explanatory call office with further questions.
- Line 24 Total of other taxable income from business activities. NOTE: LOSSES FROM BUSINESS, INCLUDING RENTALS, MAY NOT BE OFFSET AGAINST PERSONAL SERVICES COMPENSATION. HOWEVER, LOSSES MAY BE CARRIED OVER FOR A MAXIMUM OF FIVE YEARS.
- Line 25 Show other taxable income <u>not</u> from business activities see items listed in Line 2 instructions.
- Line 26 Total of other income. Add Line 24 and 25. This amount should be shown on front page, Line 2.

NOTES: Protection of Taxpayer Information – Any information gained as a result of returns, investigations, etc., shall be confidential. No disclosures shall be made except for official purposes or as ordered by a court of competent jurisdiction or where disclosure is necessary to conduct a hearing before the Board of Appeals.

Be sure to complete the 2017 Estimated Tax Form on the bottom of page 1 if tax will be more than \$200.00.