

**DUE ON OR BEFORE
APRIL 15, 2010**

CITY OF SPRINGDALE 2009 INCOME TAX RETURN

DID YOU HAVE W-2 INCOME?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
DID YOU OWN RENTAL PROPERTY?	<input type="checkbox"/>	<input type="checkbox"/>
DID YOU PARTICIPATE IN A BUSINESS, PARTNERSHIP OR S-CORPORATION?	<input type="checkbox"/>	<input type="checkbox"/>

FILE WITH

SPRINGDALE TAX COMMISSION
 11700 SPRINGFIELD PIKE
 SPRINGDALE, OHIO 45246
 PHONE (513) 346-5715
 FAX (513) 346-5756
 www.springdale.org

FILING REQUIRED EVEN IF NO TAX IS DUE

LATE FILING WILL RESULT IN PENALTY AND INTEREST CHARGES

**EXTENSION REQUEST MUST BE RECEIVED BEFORE THE DUE DATE
A FEDERAL EXTENSION DOES NOT AUTOMATICALLY APPLY TO SPRINGDALE**

IF YOU ARE A NEW RESIDENT, FILING FOR THE FIRST TIME OR HAVE MOVED SINCE THE LAST FILING DATE, PLEASE FURNISH CURRENT ADDRESS, MOVE IN OR MOVE OUT DATE AND COMPLETE LINE 20B

MOVE IN: _____
MOVE OUT: _____

ACCOUNT NO.		
TAXPAYER NAME(S) AND ADDRESS (CORRECT IF NECESSARY)	SOCIAL SECURITY NO.(S)	OFFICE USE ONLY
	LOCAL TELEPHONE NO.	
	H:	
	W:	

2009 SPRINGDALE TAX RETURN

Did you file a Federal 1040? Yes _____ (Attach Copy Page 1)
No _____ (Circle Reason) Federal Extension / Retired / No Income / Other (explain) _____

OFFICE USE ONLY

1. W-2 QUALIFYING WAGES (USUALLY BOX 5 OF W-2) (ATTACH W-2 FORM(S) AND PAGE ONE OF THE FEDERAL 1040).....	\$	_____
2. OTHER INCOME OR DEDUCTIONS FROM LINE 21 OF PAGE 2 (ATTACH DOCUMENTATION AS NOTED ON PAGE 2).....	\$	_____
3. TAXABLE INCOME (LINE 1 PLUS OR MINUS LINE 2)	\$	_____
4. SPRINGDALE TAX (1.5% of LINE 3).....	\$	_____
5. TAX PAYMENTS AND CREDITS (REFLECTED THRU JAN. 7)		
A. TOTAL TAX WITHHELD BY EMPLOYER(S) FOR THE CITY OF SPRINGDALE - FROM W-2(S).....	\$	_____
B. 2009 ESTIMATED TAX PAID TO THE CITY OF SPRINGDALE.....	\$	_____
C. TOTAL CREDIT FOR TAX PAID TO ANOTHER CITY - FROM WORKSHEET "B" ON PAGE 2.....	\$	_____
D. PRIOR YEAR TAX OVERPAYMENT	\$	_____
E. TOTAL TAX PAYMENTS AND CREDITS (ADD LINES 5A THROUGH 5D).....	\$ (_____)	(_____)
6. IF LINE 4 IS GREATER THAN LINE 5E, ENTER THE DIFFERENCE ON THIS LINE.....	2009 TAX DUE APRIL 15, 2010	\$ _____
7. IF LINE 5E IS GREATER THAN LINE 4, YOU MUST MARK THIS BOX FOR A REFUND OR CREDIT WILL BE APPLIED TOWARD 2010 ESTIMATED TAX.....	2010 CREDIT	\$ _____

NOTICE: NO TAXES OR REFUNDS OF LESS THAN \$3 SHALL BE COLLECTED OR REFUNDED.

DECLARATION OF 2010 ESTIMATED INCOME TAX (THIS SECTION IS REQUIRED TO BE COMPLETED)

FAILURE TO PAY 70% OF YOUR 2010 ESTIMATED TAX BY JANUARY 31, 2011 MAY RESULT IN PENALTY AND INTEREST CHARGES.

8. ESTIMATED 2010 INCOME SUBJECT TO TAX \$ _____ MULTIPLY BY 1.5% = 2010 ESTIMATED TAX.....	\$	_____
9. ESTIMATED 2010 CREDIT FOR TAX PAID TO A CITY AND/OR WITHHELD BY EMPLOYER(S) (not to exceed line 8).....	\$ (_____)	(_____)
10. ESTIMATED 2010 TAX DUE AND PAYABLE BY JANUARY 31, 2011 (LINE 8 MINUS LINE 9).....	\$	_____
11. AMOUNT PAID WITH THIS DECLARATION, NO LESS THAN 1/4 OF LINE 10 (reduced by line 7 credit above).....	\$	_____

OFFICE	RETURN FILED _____ MONTHS LATE	INTEREST DUE \$ _____	PENALTY DUE \$ _____
USE	70% TAX PAID _____ MONTHS LATE	INTEREST DUE \$ _____	PENALTY DUE \$ _____
ONLY	TOTAL PENALTY AND INTEREST DUE.....		\$ _____

12. TOTAL TAX, PENALTY AND INTEREST DUE..... \$ _____

I CERTIFY THAT I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE. IF PREPARED BY A PERSON OTHER THAN THE TAXPAYER, THE DECLARATION IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE.

TO PAY BY CREDIT CARD: ENTER NUMBER, EXPIRATION DATE FULLY AND ACCURATELY.
MUST BE SIGNED BY THE CARDHOLDER.

	No. 1	_____
	No. 1	_____
	No. 1	_____

SIGNATURE OF TAXPAYER OR AGENT (REQUIRED) _____ DATE _____

SIGNATURE OF PERSON PREPARING IF OTHER THAN TAXPAYER _____ DATE _____

ADDRESS _____ TELEPHONE NO. _____

MAY WE DISCUSS THIS RETURN WITH THE PREPARER? Yes No

EXP. DATE _____ / _____ AMOUNT AUTHORIZED: \$ _____

PHONE NUMBER: (H) _____ (W) _____

CARDHOLDER SIGNATURE: _____

COMPUTATION FOR LINE 2 OTHER INCOME OR DEDUCTIONS

To be completed only by those with taxable income other than wages OR deductions from wages due to part year residency and/or employee expenses.

13. OTHER TAXABLE INCOME (ATTACH 1099 MISC OR APPROPRIATE DOCUMENTATION OF THIS AMOUNT. DO NOT INCLUDE INTEREST, DIVIDENDS, ANNUITIES, REFUNDS OR OTHER NON-TAXABLE INCOME RECEIVED.) \$

14. NET PROFIT (LOSS) FROM BUSINESS (ATTACH COPIES OF FEDERAL SCHEDULE C AND ALL OTHER CITY RETURNS FILED. DO NOT INCLUDE LOSSES ATTRIBUTABLE TO OTHER TAXING MUNICIPALITIES IN THIS COMPUTATION.)..... _____

15. SUPPLEMENTAL INCOME (LOSS) (ATTACH COPIES OF FEDERAL SCHEDULE E, FEDERAL SCHEDULE F AND ALL OTHER CITY RETURNS FILED. DO NOT INCLUDE LOSSES ATTRIBUTABLE TO OTHER TAXING MUNICIPALITIES IN THIS COMPUTATION.) _____

16. TOTAL NET PROFIT (LOSS) FROM BUSINESS ACTIVITIES (LINE 14 PLUS LINE 15)..... _____

17. BUSINESS LOSS TOTAL FROM PREVIOUS SPRINGDALE TAX RETURNS (LIMITED TO 3 PRIOR YEARS) (_____)

18. IF LINE 16 MINUS LINE 17 IS A LOSS, ENTER THE AMOUNT TO BE CARRIED FORWARD (BUSINESS LOSSES DO NOT REDUCE W-2 INCOME) (_____)

19. IF LINE 16 MINUS LINE 17 IS A PROFIT, ENTER THE AMOUNT ON THIS LINE \$

20. DEDUCTIONS:

A. EMPLOYEE EXPENSES FOR WAGES WITH SPRINGDALE TAX PAID OR NO LOCAL TAX PAID (ATTACH PAGE 1 AND 2 OF FEDERAL 1040, FEDERAL SCHEDULE A, AND FEDERAL FORM 2106)..... (_____)

B. PART YEAR RESIDENT - DOCUMENT INCOME EARNED WHILE RESIDING OUTSIDE SPRINGDALE. SEE WORKSHEET "A" BELOW (PART YEAR RESIDENTS WHO PRORATE INCOME MUST ALSO PRORATE CREDIT). (_____)

C. ACTIVE DUTY OR RESERVE MILITARY PAY REPORTED ON A W-2..... (_____)

D. TOTAL DEDUCTIONS (ADD LINE 20A THROUGH LINE 20C) \$ ()

21. TOTAL OTHER INCOME OR DEDUCTIONS (LINE 13 PLUS LINE 19 MINUS LINE 20D). ENTER TOTAL ON LINE 2, PAGE 1..... \$

DEDUCTION FOR PART YEAR RESIDENT (PRORATION OF INCOME) - WORKSHEET "A"

Name of Company (Example)	Income Earned	Date of Move In or Out (ex. Move In Date)	Date Income/ Job Started	Date Income/ Job Ended	Total Duration of Job	Total Duration of Job as a Non-Resident	Total Deduction = Income/Total Duration of Job x Total Duration of Job as Non-Resident
ABC COMPANY	\$20,000.00	3/15/2009	2/1/2009	8/31/2009	7 months	1.5 months	\$20,000 / 7 x 1.5 = \$ 4,285.71
TOTAL DEDUCTION - Enter on Line 20B Above							

TAX CREDIT - WORKSHEET "B"

W-2's and/or other city tax forms must be attached for credit. Part year residents who prorate income must also prorate credit.

Column 1	Column 2 *	COLUMN 3 **	COLUMN 4	COLUMN 5	COLUMN 6
List all cities except Springdale	W-2 Qualifying wages (Box 5 of W-2 or if more than one city use box 18 of W-2)	Other Income (from Federal Schedules)	Tax withheld or paid	1.5% of column 2 or column 3	Lesser of column 4 or column 5
CINCINNATI (example)	50,000.00	-	1,050.00	750.00	750.00
BLUE ASH (example)	-	20,000.00	250.00	300.00	250.00

* COLUMN 2 CAN NOT EXCEED LINE 1 OF THE RETURN.
 ** COLUMN 3 CAN NOT EXCEED LINE 19 ABOVE.

TOTAL CREDIT - Enter on line 5C, Page 1