

2009

NON-RESIDENT EMPLOYEE INCOME TAX RETURN



City of Springdale

LATE FILING WILL RESULT IN PENALTY AND INTEREST CHARGES EXTENSIONS MUST BE REQUESTED IN WRITING BEFORE THE DUE DATE

DUE ON OR BEFORE APRIL 15, 2010

FILE WITH SPRINGDALE TAX COMMISSION 11700 SPRINGFIELD PIKE SPRINGDALE, OHIO 45246 PHONE (513) 346-5715 FAX (513) 346-5756 www.springdale.org ACCOUNT NO.

DID YOU HAVE W-2 INCOME? YES NO WERE YOU A PART YEAR SPRINGDALE EMPLOYEE? DID YOU TRAVEL AS A PART OF YOUR EMPLOYMENT?

IF YOU ARE A NEW NON-RESIDENT EMPLOYEE, FILING FOR THE FIRST TIME OR HAVE LEFT EMPLOYMENT SINCE THE LAST FILING DATE, COMPLETE LINES 16 AND 17.

LOCAL PHONE NUMBERS HOME WORK

NON-RESIDENT TAXPAYER NAME AND ADDRESS (CORRECT IF NECESSARY)

SOCIAL SECURITY NO.

OFFICE USE ONLY

SPRINGDALE TAX RETURN

Table with 3 columns: Description, Amount, Office Use Only. Rows include W-2 Qualifying Wages, Other Income, Taxable Income, Springdale Tax, Tax Payments and Credits, and Refund/Overpayment.

NOTICE: BY LAW REFUNDS AND CREDITS IN EXCESS OF \$10 ARE BEING REPORTED TO THE APPROPRIATE TAXING AUTHORITIES. NOTICE: NO ADDITIONAL 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 EXCEPT FOR TRAVEL REFUNDS)

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

Table with 3 columns: Description, Amount, Office Use Only. Rows include Total Estimated 2010 Income, 2010 Springdale Tax Withheld, Total 2010 Estimated Tax Due, and Amount Paid.

FOR OFFICE USE ONLY: RETURN FILED MONTHS LATE, INTEREST DUE, PENALTY DUE, TOTAL PENALTY AND INTEREST DUE, 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.

SIGNATURE OF TAXPAYER OR AGENT (REQUIRED) DATE SIGNATURE OF PERSON PREPARING IF OTHER THAN TAXPAYER DATE ADDRESS TELEPHONE NO.

Credit card payment section with logos for Discover, Visa, and MasterCard, and fields for card number, exp. date, amount authorized, phone number, and cardholder signature.

COMPUTATION FOR LINE 2 OTHER INCOME OR DEDUCTIONS

(Need be completed only by those with taxable income other than wages, deductions from wages due to part year employment or employee expenses and by those applying for a refund based on travel.)

13. **OTHER TAXABLE INCOME EARNED IN SPRINGDALE BUT NOT REPORTED ON A W-2** (ATTACH APPROPRIATE DOCUMENTATION OF THIS AMOUNT) (DO NOT INCLUDE INTEREST, DIVIDENDS, ANNUITIES, REFUNDS OR OTHER NON-TAXABLE INCOME RECEIVED) \$

14. **DEDUCTIONS**

- A. EMPLOYEE EXPENSES FOR WAGES WITH SPRINGDALE TAX PAID (W-2 BOX 19) OR NO LOCAL TAX PAID (ATTACH PAGE ONE AND TWO OF FEDERAL 1040, SCHEDULE A AND FORM 2106) \$ (_____)
- B. MOVING EXPENSES REIMBURSED BY EMPLOYER AND TAXED ON YOUR W-2 (ATTACH FEDERAL 1040 INCLUDING FORM 3903) \$ (_____)

15. **TOTAL OTHER INCOME OR DEDUCTIONS** (LINE 13 MINUS LINE 14. ENTER THIS TOTAL ON LINE 2) \$

16. **NON-RESIDENT EMPLOYEES** (ATTACH A COPY OF YOUR EMPLOYER LETTER VERIFYING THE INCOME EARNED OUTSIDE OF SPRINGDALE)

- A. YOUR CURRENT HOME ADDRESS: _____
- B. YOUR ORIGINAL HIRE DATE WITH THIS EMPLOYER: _____
- C. EMPLOYER'S NAME AND SPRINGDALE ADDRESS: _____
- D. SPRINGDALE EMPLOYMENT DATES: (BEGINNING) _____ (ENDING) _____

17. **COMPUTATION OF PRORATED INCOME** (BASED ON PART YEAR EMPLOYMENT OR EMPLOYMENT TRAVEL REFUNDS) (IF YOUR INCOME WAS EARNED SOLELY IN SPRINGDALE, DO NOT COMPLETE THIS SECTION AND NOTE 100% ON LINE 3A)

- A. TOTAL DAYS IN THE YEAR 365
- B. NUMBER OF **NON-WORK** DAYS
 - 1. SATURDAYS AND SUNDAYS (**ONLY**) *** (EMPLOYEES WORKING A 4/10 WORK WEEK, NOTE DAYS OFF PER ITINERARY) _____
 - 2. OTHER NON-WORK DAYS (**LEAVE WITHOUT PAY ONLY. DO NOT INCLUDE HOLIDAY, SICK, VACATION OR PAID PERSONAL DAYS**) _____
 - 3. TOTAL **NON-WORK** DAYS _____
- C. TOTAL DAYS WORKED IN THE YEAR (LINE A LESS LINE B3) _____
- D. TOTAL **PAID DAYS WORKED** OUTSIDE OF SPRINGDALE (ATTACH ITINERARY NOTING DAYS AND CITIES WORKED OUTSIDE OF THE CITY. **DO NOT INCLUDE HOLIDAY, SICK, VACATION OR PAID PERSONAL DAYS**) *** _____
- E. TOTAL DAYS WORKED IN SPRINGDALE _____
- F. PERCENTAGE OF INCOME TAXABLE TO SPRINGDALE (LINE E _____ DIVIDED BY LINE C _____ = %) _____ % (MULTIPLY THE % ON LINE F BY YOUR GROSS SPRINGDALE INCOME. THIS FIGURE AND THE PERCENTAGE NEEDS TO BE ENTERED ON LINE 3A OF THE SPRINGDALE NRE TAX FORM)

NOTE: IF THE FOLLOWING ATTACHMENTS ARE NOT INCLUDED WITH YOUR RETURN, THE RETURN WILL NOT BE CONSIDERED A LEGAL AND TIMELY FILED RETURN. IF FILING FOR A REFUND OR A TRAVEL REFUND AND THE PROPER ATTACHMENTS ARE NOT INCLUDED WITH THE RETURN, THE REQUEST FOR A REFUND WILL BE DENIED AND RETURNED TO THE TAXPAYER TO RESUBMIT:

- *** 1. COPIES OF YOUR FEDERAL W-2(S), W-2C (S), YEAR TO DATE PAY STUB FOR THE YEAR, ANY APPROPRIATE SCHEDULES/FORMS, AND ITINERARY (TRAVEL REFUNDS ONLY). THE ITINERARY SHOULD BE APPROVED BY YOUR IMMEDIATE SUPERVISOR AND **NOTE THE DATES AND CITIES** WORKED WHEN OUT OF THE CITY OF SPRINGDALE. **DO NOT INCLUDE HOLIDAY, SICK, VACATION OR PAID PERSONAL DAYS.**
- *** 2. A LETTER FROM YOUR IMMEDIATE SUPERVISOR **ON COMPANY LETTERHEAD** VERIFYING THAT THE ABOVE COMPUTATIONS ARE CORRECT AND EXPENSE VOUCHERS AND/OR REPORTS ARE AVAILABLE FOR AUDITOR VERIFICATION. YOUR IMMEDIATE SUPERVISOR'S NAME, TITLE AND PHONE NUMBER AS WELL AS THE CONTACT NAME AND PHONE NUMBER FOR THE COMPANY'S HUMAN RESOURCE DEPARTMENT SHOULD BE NOTED IN THE LETTER.
- *** 3. IMMEDIATE SUPERVISOR MUST VERIFY YOUR HIRE DATE AND THE DATES EMPLOYED IN SPRINGDALE.
- *** 4. IMMEDIATE SUPERVISOR MUST VERIFY BY LISTING IN THE LETTER **THE ACTUAL DATES TAKEN** FOR HOLIDAYS, VACATION, SICK LEAVE, PAID PERSONAL DAYS AND FOR NON-WORK DAYS TAKEN AS LEAVE WITHOUT PAY.

NOTICE: A municipality does not necessarily tax all items of income, nor does it necessarily allow certain items as deductions in the same manner as the State and Federal government.

NOTICE: Unless accompanied by copies of the appropriate Federal schedules and employer verification letter and by payment of the balance of tax declared due (line 6) and at least 25% of the estimated tax (line 10), this form is not a legal final return or declaration.

NOTICE: Failure to file a required return and/or to pay taxes due by the due date will result in imposition of penalty and interest.

NOTICE: All refunds issued will be reported to Federal and State taxing authorities on form 1099G as required by law effective 1/1/83.

EXTENSION POLICY: Extensions may, upon request, be granted for filing of the annual return, provided an IRS extension has been secured. EXTENSION REQUESTS MUST BE MADE IN WRITING AND RECEIVED BY THIS OFFICE BEFORE THE ORIGINAL DUE DATE OF THE RETURN. Only those extension requests received in duplicate with a self-addressed, postpaid envelope will have a copy returned after being appropriately marked.