

# CITY OF SPRINGDALE 20\_\_ INCOME TAX RETURN

**DUE ON OR BEFORE**  
**APRIL 15, 20\_\_**

**FILE WITH**

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

ACCOUNT NO. \_\_\_\_\_

**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 TAXPAYER AND SPOUSE ARE FULLY RETIRED WITHOUT TAXABLE INCOME, MARK THIS BOX  
SIGN, DATE & RETURN THIS FORM

**YES NO**

DID YOU HAVE W-2 INCOME?

DID YOU OWN RENTAL PROPERTY?

DID YOU PARTICIPATE IN A BUSINESS, PARTNERSHIP OR S-CORPORATION?

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: \_\_\_\_\_

OFFICE USE ONLY

TAXPAYER NAME(S) AND ADDRESS (CORRECT IF NECESSARY)

LOCAL TELEPHONE NO.

H: \_\_\_\_\_  
W: \_\_\_\_\_

SOCIAL SECURITY NO.(S)

### 20\_\_ SPRINGDALE TAX CALCULATION

**YES NO**   Did you file a Federal 1040? **YES NO**   Are you on Federal extension?

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).....	\$	_____
<b>5. TAX PAYMENTS AND CREDITS</b>		
A. TOTAL TAXES WITHHELD BY EMPLOYER(S) FOR THE CITY OF SPRINGDALE - FROM W-2(S).....	\$	_____
B. 20__ ESTIMATED TAXES PAID TO THE CITY OF SPRINGDALE.....	\$	_____
C. CREDIT FOR 20__ TAX PAID TO ANOTHER CITY - FROM WORKSHEET "B" ON PAGE 2.....	\$	_____
D. PRIOR YEAR TAX OVERPAYMENT AMOUNT .....	\$	_____
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.....	20__ TAX DUE APRIL 15, 20__ \$	_____
7. IF LINE 5E IS GREATER THAN LINE 4, YOU MUST MARK THIS BOX FOR A REFUND (OR CREDIT WILL BE APPLIED TOWARD 20__ ESTIMATED TAX).....	<input type="checkbox"/> REFUND \$	_____
	20__ CRED \$	_____

OFFICE USE ONLY

**TAX PAID TO ANOTHER CITY SHALL NOT BE REFUNDED OR CREDITED BY THE CITY OF SPRINGDALE.  
NOTICE: NO TAXES OR REFUNDS OF LESS THAN \$3 SHALL BE COLLECTED OR REFUNDED.**

### DECLARATION OF 20\_\_ ESTIMATED INCOME TAX (THIS SECTION IS REQUIRED TO BE COMPLETED)

FAILURE TO PAY 70% OF YOUR 20\_\_ ESTIMATED TAX BY JANUARY 31, 20\_\_ MAY RESULT IN PENALTY AND INTEREST CHARGES.

8. TOTAL ESTIMATED 20__ INCOME SUBJECT TO TAX \$ _____ MULTIPLY BY 1.5% = TOTAL 20__ ESTIMATED \$ _____	_____
9. 20__ TAX PAID TO A CITY AND/OR WITHHELD BY EMPLOYER(S) (NOT TO EXCEED 1.5% OF THE INCOME TAXED).....	\$ ( _____ ) ( _____ )
10. TOTAL 20__ ESTIMATED TAX DUE AND PAYABLE BY JANUARY 31, 20__ (LINE 8 MINUS LINE 9).....	\$ _____
11. AMOUNT PAID WITH THIS DECLARATION (NOT LESS THAN 25% OF LINE 10).....	\$ _____

OFFICE USE ONLY

<b>OFFICE</b>	RETURN FILED _____ MONTHS LATE	INTEREST DUE \$ _____	PENALTY DUE \$ _____
<b>USE</b>	70% TAX PAID _____ MONTHS LATE	INTEREST DUE \$ _____	PENALTY DUE \$ _____
<b>ONLY</b>	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. _____
	No. _____
	No. _____

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 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	Move In/Move Out Date (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	3/15/20____	2/1/20____	8/31/20____	7 months	1.5 months	\$20,000 / 7 x 1.5 = \$ 4,285.71

ENTER TOTAL DEDUCTION 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 columns 2 or 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.

ENTER TOTAL ON LINE 5C, PAGE 1