

CITY OF SPRINGDALE 2023 NON-RESIDENT EMPLOYEE INCOME TAX RETURN

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

Use this Form for the following:

- * You are a non-resident employee working in Springdale who did not have Springdale Tax withheld, in part or in full
- * You are filing for a refund as a result of tax withheld from your wages but you did not earn all wages in Springdale (Travel Refund)

YES NO	
DID YOU HAVE W-2 INCOME?	<input type="checkbox"/> <input type="checkbox"/>
WERE YOU A PART YEAR EMPLOYEE WORKING IN SPRINGDALE?	<input type="checkbox"/> <input type="checkbox"/>
DID YOU TRAVEL AS A PART OF YOUR EMPLOYMENT?	<input type="checkbox"/> <input type="checkbox"/>
LOCAL PHONE NUMBERS:	
Home:	
Cell:	

NON-RESIDENT TAXPAYER NAME AND ADDRESS	SOCIAL SECURITY NO.	OFFICE USE ONLY
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2023 SPRINGDALE TAX RETURN

1. FORM W-2 QUALIFYING WAGES, USUALLY BOX 5 OF FORM W-2 (ATTACH ALL W-2'S).....	_____	OFFICE USE ONLY
2. OTHER INCOME OR DEDUCTIONS FROM LINE 15 OF PAGE 2	_____	_____
3. TAXABLE INCOME (LINE 1 PLUS OR MINUS LINE 2)	_____	_____
A. AMOUNT OF LINE 3 ATTRIBUTED TO SPRINGDALE (_____% FROM LINE 16F, PAGE 2)	_____	_____
4. SPRINGDALE TAX (2.0% OF LINE 3 OR LINE 3A, WHICHEVER IS APPLICABLE).....	_____	_____
5. TAX PAYMENTS AND CREDITS:		
A. ENTER TOTAL TAXES WITHHELD BY EMPLOYER(S) FOR THE CITY OF SPRINGDALE	_____	_____
B. ENTER ESTIMATED TAXES PAID TO THE CITY OF SPRINGDALE.....	_____	_____
C. ENTER PRIOR YEAR TAX OVERPAYMENT AMOUNT	_____	_____
D. TOTAL TAX PAYMENTS AND CREDITS (ADD LINES 5A THROUGH 5C).....	(_____)	(_____)
6. IF LINE 4 IS GREATER THAN LINE 5D ENTER THE DIFFERENCE ON THIS LINE.....	TAX DUE _____	_____
7. IF LINE 5D IS GREATER THAN LINE 4, THIS IS YOUR REFUND	REFUND _____	_____
OR CREDIT WILL BE APPLIED TO NEXT YEARS ESTIMATED TAX.....	CREDIT _____	_____

NOTICE: NO ADDITIONAL TAXES OR REFUNDS OF LESS THAN \$10 SHALL BE COLLECTED OR REFUNDED.

DECLARATION OF 2024 ESTIMATED INCOME TAX (REQUIRED IF ESTIMATED TAXES OWED ARE \$200 OR MORE)

FAILURE TO PAY 90% (if applicable) OF YOUR 2024 ESTIMATED TAX BY JANUARY 15, 2025 MAY RESULT IN PENALTY AND INTEREST CHARGES.

8. ENTER TOTAL ESTIMATED 2024 INCOME SUBJECT TO TAX _____ MULTIPLY BY 2.0% = TOTAL ESTIMATED TAX.....	_____	_____
9. 2023 SPRINGDALE TAX WITHHELD BY EMPLOYER(S)	(_____)	(_____)
10. TOTAL 2024 ESTIMATED TAX DUE AND PAYABLE BY JANUARY 15, 2025.....	_____	_____
11. AMOUNT PAID WITH THIS DECLARATION (NOT LESS THAN 1/4 OF LINE 10).....	_____	_____

12. TAX DUE (LINE 6 PLUS LINE 11) - MAKE CHECKS PAYABLE TO THE SPRINGDALE TAX COMMISSION..... _____

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

I CERTIFY THAT I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) AND THE DECLARATION AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

MAY WE DISCUSS THIS RETURN WITH THE PREPARER? Yes No

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. _____

	No. _____
	No. _____
	No. _____
EXP. DATE	____/____
AMOUNT AUTHORIZED:	\$ _____
PHONE NUMBER:	(H) _____ (W) _____
CARDHOLDER SIGNATURE:	_____

FORM NRE - PAGE 2 COMPUTATION FOR LINE 2 OTHER INCOME OR DEDUCTIONS

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:
 EMPLOYEE EXPENSES: FOR WAGES WITH SPRINGDALE TAX WITHHELD OR NO LOCAL TAX WITHHELD, LIMITED TO THE AMOUNT ALLOWED ON THE FEDERAL RETURN (ATTACH PAGE 1 OF THE FEDERAL 1040 AND FEDERAL SCHEDULE 1)..... ()

15. TOTAL OTHER INCOME OR DEDUCTIONS (LINE 13 MINUS LINE 14. ENTER THIS TOTAL ON LINE 2, PAGE 1)

(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 (*Attach a letter from your employer - see #2 and #3 in the table below*)

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 SPRINGDALE) **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 SPRINGDALE INCOME. THIS FIGURE AND THE PERCENTAGE NEEDS TO BE ENTERED ON LINE 3A OF THE SPRINGDALE NRE TAX FORM)

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

- * COPIES OF YOUR FEDERAL W-2(S), W-2C (S), 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.
- * 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 VERIFICATION. YOUR IMMEDIATE SUPERVISOR'S NAME, TITLE AND PHONE NUMBER SHOULD BE INCLUDED ON THE LETTER.
- * 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: Failure to file a required return and/or to pay taxes due by the due date may result in penalty and interest.

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