

**INCOME TAX RETURN**  
**DUE BY APRIL 15 OF FOLLOWING YEAR**

INDIVIDUAL FILING ONLY

**TAXPAYER** ACCT # \_\_\_\_\_

**SPOUSE** ACCT # \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_  
IF YOU MOVED DURING THE YEAR: DATE MOVED: IN \_\_\_\_\_ OUT \_\_\_\_\_  
FORMER ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_  
IF YOU MOVED DURING THE YEAR: DATE MOVED: IN \_\_\_\_\_ OUT \_\_\_\_\_  
FORMER ADDRESS \_\_\_\_\_

**PART I**  I HAVE ONLY NON-TAXABLE INCOME  
STATE SOURCE \_\_\_\_\_

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STATE SOURCE \_\_\_\_\_

**PART II**

**INCOME**

**PART II**

1.	
2.	
3.	
4.	
5.	

- TOTAL WAGES AND COMPENSATION (See instructions)  
(See W2 Sample)
- TOTAL OTHER INCOME (From Worksheet B on reverse side. See instructions.)
- NET ADJUSTMENTS (From Worksheet C on reverse side)
- TOTAL TAXABLE INCOME (Add lines 1 through 3)
- SPRINGFIELD CITY TAX - 2% (Multiply line 4 by .02)

1.	
2.	
3.	
4.	
5.	

**PAYMENTS AND CREDITS**

6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	

- ESTIMATED PAYMENTS / PRIOR YEAR OVERPAYMENT CREDIT
- WITHHELD FOR SPRINGFIELD (From W-2)
- OTHER CITY TAX CREDIT OR J.E.D.D. TAX CREDIT (From Worksheet D on reverse side)
- TOTAL PAYMENTS AND CREDITS (Add Lines 6 through 8. See Instructions)
- BALANCE OF TAX DUE (line 5 minus line 9)
- INTEREST DUE (See Instructions.)
- LATE PENALTIES (See Instructions.)
- TOTAL PENALTY AND INTEREST (add Lines 11 and 12)
- TOTAL TAX, PENALTY AND INTEREST (Add Lines 10 and 13)
- OVERPAYMENT (If Line 9 is more than Line 5. See Instructions)

6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	

CHECK ONE:  CREDIT  REFUND  TRANSFER TO SPOUSE (NO REFUNDS OR CREDIT IF LESS THAN \$1.00) CHECK ONE:  CREDIT  REFUND  TRANSFER TO SPOUSE

**PART III**

The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated and that the figures used herein are the same as used for Federal Income Tax purposes, and if an audit of Federal return is made which affects tax liability shown on this return, an amended return will be filed within 3 months.

SOCIAL SECURITY NUMBER  -  -

SOCIAL SECURITY NUMBER  -  -

TAXPAYER \_\_\_\_\_ (DATE) \_\_\_\_\_

SPOUSE \_\_\_\_\_ (DATE) \_\_\_\_\_

**PART IV**

PREPARER'S SIGNATURE (OTHER THAN TAXPAYER) \_\_\_\_\_ (DATE) \_\_\_\_\_ F.E.I.N. OR SOC. SEC. NO. \_\_\_\_\_

ADDRESS (AND ZIP CODE) \_\_\_\_\_ TELEPHONE \_\_\_\_\_

IF THIS RETURN WAS PREPARED BY A TAX PRACTITIONER, MAY WE CONTACT YOUR PRACTITIONER DIRECTLY WITH QUESTIONS REGARDING THE PREPARATION OF THIS RETURN?  YES  NO  
(MAKE CHECK OR MONEY ORDER PAYABLE TO COMMISSIONER OF TAXATION, SPRINGFIELD, OHIO, IF \$1.00 OR MORE)

