



**CITY OF SPRINGFIELD**  
 INCOME TAX DIVISION  
 P.O. BOX 5200  
 SPRINGFIELD, OH 45501  
 TELEPHONE: (937) 324-7357  
 FAX: (937) 328-3471

**2011 INCOME TAX RETURN**  
 Due by April 17, 2012

File and pay online  
[www.ci.springfield.oh.us](http://www.ci.springfield.oh.us)

**INDIVIDUAL FILING ONLY**

**TAXPAYER**

NAME AND ADDRESS (INDICATE CHANGES)

TELEPHONE \_\_\_\_\_

ACCT. # \_\_\_\_\_

**SPOUSE**

NAME AND ADDRESS (INDICATE CHANGES)

TELEPHONE \_\_\_\_\_

ACCT. # \_\_\_\_\_

Social Security Number

If you moved during the year: Date moved in \_\_\_\_\_ moved out \_\_\_\_\_

Former Address \_\_\_\_\_

Social Security Number

If you moved during the year: Date moved in \_\_\_\_\_ moved out \_\_\_\_\_

Former Address \_\_\_\_\_

**PART A NOT REQUIRED TO COMPLETE PART B BECAUSE:**

- NO TAXABLE INCOME
- ACTIVE DUTY MILITARY ONLY (NO OTHER NON-MILITARY INCOME)
- RETIRED WITH ONLY NON-TAXABLE INCOME: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Retirement: \_\_\_\_\_

**PART A NOT REQUIRED TO COMPLETE PART B BECAUSE:**

- NO TAXABLE INCOME
- ACTIVE DUTY MILITARY ONLY (NO OTHER NON-MILITARY INCOME)
- RETIRED WITH ONLY NON-TAXABLE INCOME AS OF: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Retirement: \_\_\_\_\_

**PART B**

**INCOME**

1.

2.

3.

4.

- 1. TOTAL TAXABLE WAGES (From Part B Worksheet, Column E)
- 2. TOTAL OTHER INCOME (From Part B Worksheet, Column N)
- 3. TOTAL TAXABLE INCOME (Add Lines 1 and 2)
- 4. CITY OF SPRINGFIELD TAX (Multiply Line 3 x 2%)

1.

2.

3.

4.

**PAYMENTS AND CREDITS**

5.

6.

7.

8.

9.

10.

11.

12.

13.

14.

15.

- 5. ESTIMATED PAYMENTS/PRIOR YEAR CREDITS
- 6. CITY OF SPRINGFIELD TAX WITHHELD (From Part B Worksheet, Column F)
- 7. CREDIT FOR OTHER CITY TAX WITHHELD/PAID (From Part B Worksheet, Column G)
- 8. TOTAL PAYMENTS AND CREDITS (Add Lines 5, 6 and 7)
- 9. **BALANCE OF TAX DUE** (Line 4 minus Line 8) (No tax due if less than \$1.00)
- 10. UNDER-PAYMENT OF ESTIMATE INTEREST
- 11. LATE PENALTY
- 12. INTEREST
- 13. LATE FILING PENALTY
- 14. TOTAL TAX, PENALTY AND INTEREST (Add Lines 9 through 13)
- 15. OVERPAYMENT (If Line 8 exceeds Line 4)

5.

6.

7.

8.

9.

10.

11.

12.

13.

14.

15.

Check One:  Credit to 2012  Refund  Transfer to Spouse (No refunds or credit if less than \$1.00) Check One:  Credit to 2012  Refund  Transfer to Spouse

**PART C**

**2012 DECLARATION OF ESTIMATED TAX - 90% OF TAX LIABILITY DUE BY JANUARY 31, 2013**

16.

17.

18.

19.

20.

21.

22.

- 16. TOTAL 2012 ESTIMATED TAX (Before Credits)
- 17. LESS CREDIT FOR TAX WITHHELD
- 18. NET 2012 ESTIMATED TAX DUE (Line 16 minus Line 17)
- 19. QUARTERLY AMOUNT DUE (25% of Line 18)
- 20. OVERPAYMENT CREDIT (from Line 15)
- 21. BALANCE OF FIRST QTR PAYMENT (Line 19 minus Line 20)
- 22. **TOTAL DUE BY APRIL 17, 2012** (Add Lines 14 and 21)

16.

17.

18.

19.

20.

21.

22.

Amt. Pd. \_\_\_\_\_ Ck. # \_\_\_\_\_

Amt. Pd. \_\_\_\_\_ Ck. # \_\_\_\_\_

**PART D**

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 the Federal return is made which affects tax liability shown on this return, an amended return will be filed within three (3) months. The undersigned understands that this information may be released to the Tax Administrator of the City of Residence and/or City of Employment under a shared information plan.

TAXPAYER

DATE

SPOUSE

DATE

PREPARER'S SIGNATURE (IF OTHER THAN TAXPAYER)

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

PREPARER PHONE NUMBER

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

ATTACH W-2S AND SCHEDULES TO BACK OF FORM

**PART B - WORKSHEETS**

**ATTACH W-2S, 1099S, AND ALL APPLICABLE SCHEDULES HERE.**

**TAXPAYER - W-2 INCOME**

(A) Location Worked	(B) Qualifying Wages	(C) Employee 2106 Expenses	(D) Other Adjustments	(E) Taxable Wages Column B minus C and D	(F) Springfield Tax Withheld	(G) Other City Tax Credit Credit will not exceed 1%
<b>TOTALS:</b>				TO LINE 1	TO LINE 6	TO LINE 7

**2106 EMPLOYEE BUSINESS EXPENSES**

(1) Employer Name	(2) Location Worked	(3) Line 10 of Fed Form 2106	(4) Line 24 of Fed Schedule A	(5) Line 27 of Fed Schedule A	(6) % Allowed (Col 3 / Col 4)	(7) Allowable Expenses (Col 5 x Col 6)
<b>TOTAL:</b>						TO COLUMN C IN WORKSHEET

**SPOUSE - OTHER INCOME**

(H) Location Worked	(I) Schedule C Sole-Proprietor	(J) Schedule E Rental Income	(K) Schedule E/K-1 Ptrship Income	(L) Schedule F Farm Income	(M) Other Income	(N) Total Other Income
<b>TOTAL:</b>						TO LINE 2

**PART B - WORKSHEET INSTRUCTIONS**

**W-2 INCOME:** Enter each W-2 individually.

**COLUMN A:** Enter the location where work was actually performed.

**COLUMN B:** Enter the amount of your qualifying wages. This amount is usually shown in the Medicare wage box on your W-2 (Box 5). Exceptions may include some Government employees employed prior to April 1, 1986. For these, use the larger of box 1 or 18.

**COLUMN C:** Enter the amount of allowable 2106 expenses. Employee business expenses which are reported for Federal purposes on Form 2106 are deductible for City purposes only to the extent that they are deducted for Federal purposes per the Federal Schedule A. The 2106 expenses are subject to the 2% Adjusted Gross Income limitation on the Schedule A. If your employment was in another city, your other city tax credit will be reduced also. You must attach Form 2106 and Schedule A in order to deduct these expenses.

**2106 WORKSHEET:**

- Column 1 through 5:** Enter amounts as shown.
- Column 6:** Divide Column 3 by Column 4 for the percentage of allowed expenses.
- Column 7:** Multiply Column 5 by the percentage calculated for Column 6. Carry this allowed amount of 2106 expenses to Column C in Worksheet 1. Enter the 2106 expenses separately for each W2.

**COLUMN D:** Enter any other adjustments to your taxable wages. Additional adjustments to income that may occur are wages earned while a non-resident of the City of Springfield, wages earned while under 18 years of age, housing allowances, etc. Attach an explanation of the adjustment and attach supporting documentation such as proof of move-out date, proof of non-taxable wages, etc.

**COLUMN E:** Enter the amount of your taxable wages after adjustments (Column B minus Column C and Column D).

**COLUMN F:** Enter the amount of the City of Springfield tax withheld from the local withholding box on your W-2 (Box 19).

**COLUMN G:** Enter the amount of tax credit for cities other than the City of Springfield. The maximum credit allowed for taxes paid to another city is one half of the amount of tax correctly paid to that city, not to exceed 1% of the taxable wages. Enter the allowed credit amount only (not to exceed 1% of wages). When the tax is not correctly withheld for the city of employment, an adjustment of credit will be necessary. Proration of income results in proration of credit. If you are withheld for multiple cities, verification of taxes withheld/paid for each city must be attached. If a refund from another city has been requested, tax credit must be figured on amount actually taxed by that city.

Carry Columns E, F, and G totals to the front of the return as indicated to Lines 1, 6, and 7, respectively.

**OTHER INCOME:**

**COLUMN H:** Enter the location where the income was earned.

**COLUMN I-L:** Enter the appropriate schedule totals as indicated. The gain or loss of a rental property which is jointly owned by Springfield residents must be split between the owners. S Corp. Schedule K-1s should not be reported on the shareholder's personal return. See general information for partnership information.

**NOTE: Losses may not offset wages.** Schedule losses may offset gains from other schedules, only if the schedules are in the same individual's name. Partnership losses may not offset any other type of income including other partnerships.

\*Attach verification of tax paid to another city; i.e., copies of other city returns.

**COLUMN N:** Add all "Other Income" together and carry that figure to the front of the return on Line 2.

**SPOUSE - W-2 INCOME**

(A) Location Worked	(B) Qualifying Wages	(C) Employee 2106 Expenses	(D) Other Adjustments	(E) Taxable Wages Column B minus C and D	(F) Springfield Tax Withheld	(G) Other City Tax Credit Credit will not exceed 1%
<b>TOTALS:</b>				TO LINE 1	TO LINE 6	TO LINE 7

**2106 EMPLOYEE BUSINESS EXPENSES**

(1) Employer Name	(2) Location Worked	(3) Line 10 of Fed Form 2106	(4) Line 24 of Fed Schedule A	(5) Line 27 of Fed Schedule A	(6) % Allowed (Col 3 / Col 4)	(7) Allowable Expenses (Col 5 x Col 6)
<b>TOTAL:</b>						TO COLUMN C IN WORKSHEET

**SPOUSE - OTHER INCOME**

(H) Location Worked	(I) Schedule C Sole-Proprietor	(J) Schedule E Rental Income	(K) Schedule E/K-1 Ptrship Income	(L) Schedule F Farm Income	(M) Other Income	(N) Total Other Income
<b>TOTAL:</b>						TO LINE 2