



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

**2016 SPRINGFIELD
 INCOME TAX RETURN**
DUE ON OR BEFORE APRIL 18, 2017
FILING REQUIRED EVEN IF NO TAX DUE.

**File and pay online
 with TAX CONNECT**
www.springfieldohio.gov

NAME AND ADDRESS (INDICATE CHANGES)

FILING STATUS: INDIVIDUAL JOINT
 TAXPAYER SSN: _____
 SPOUSE SSN: _____
 PHONE NUMBER: _____
 EMAIL: _____

**IF YOU MOVED DURING THE YEAR, YOU MUST
 COMPLETE LINES BELOW AND PROVIDE VERIFICATION:**
 DATE MOVED OUT OF SPRINGFIELD: _____
 DATE MOVED INTO SPRINGFIELD: _____
 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 (source): _____ Date of Birth _____ Date of Retirement: _____

PART B – INCOME

		OFFICE USE
1. TOTAL TAXABLE WAGES (From Part B Worksheet, Column E)	1 _____	
2. TOTAL OTHER INCOME (See Instructions).....	2 _____	
3. TOTAL TAXABLE INCOME (Add Lines 1 and 2)	3 _____	
4. CITY OF SPRINGFIELD TAX (Multiply Line 3 x 2%)	4 _____	
PAYMENTS AND CREDITS		
5. ESTIMATED PAYMENTS/PRIOR YEAR CREDITS	5 _____	
6. CITY OF SPRINGFIELD TAX WITHHELD (From Part B Worksheet, Column F)	6 _____	
7. CREDIT FOR OTHER CITY TAX WITHHELD/PAID (From Part B Worksheet, Column G)	7 _____	
8. TOTAL PAYMENTS AND CREDITS (Add Lines 5, 6 and 7)	8 _____	
9. BALANCE OF TAX DUE (Line 4 minus Line 8) (No tax due if \$10.00 or less)	9 _____	
10. UNDER-PAYMENT OF ESTIMATE INTEREST	10 _____	
11. LATE PENALTY	11 _____	
12. INTEREST	12 _____	
13. LATE FILING PENALTY	13 _____	
14. TOTAL TAX, PENALTY AND INTEREST (Add Lines 9 through 13)	14 _____	
15. OVERPAYMENT (If Line 8 exceeds Line 4)	15 _____	
Check One: <input type="checkbox"/> Credit to 2017 <input type="checkbox"/> Credit to prior year <input type="checkbox"/> Refund (No refunds or credit if \$10.00 or less)		

**PART C – 2017 DECLARATION OF ESTIMATED TAX – 90% OF TAX LIABILITY DUE BY DECEMBER 15, 2017
 MUST BE COMPLETED BY TAXPAYERS WHO ANTICIPATE NET TAX DUE OF \$200 OR MORE**

16. TOTAL 2017 ESTIMATED TAX (Before Credits)	16 _____	
17. LESS CREDIT FOR TAX WITHHELD	17 _____	
18. NET 2017 ESTIMATED TAX DUE (Line 16 minus Line 17)	18 _____	
19. QUARTERLY AMOUNT DUE (22.5% of Line 18)	19 _____	
20. OVERPAYMENT CREDIT (from Line 15)	20 _____	
21. BALANCE OF FIRST QTR PAYMENT (Line 19 minus Line 20)	21 _____	
22. TOTAL DUE BY APRIL 18, 2017 (Add Lines 14 and 21)	22 _____	
		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.

PREPARER'S SIGNATURE (IF OTHER THAN TAXPAYER) _____ DATE _____ TAXPAYER _____ DATE _____
 PREPARER TELEPHONE _____ SPOUSE _____

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
FEDERAL FORM 1040**

TAXPAYER - W-2 & W2G INCOME

(A) Location Worked	(B) Qualifying Wages	(C) Employee 2106 Expenses (from Worksheet)	(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% (from Worksheet below)
TOTALS:				TO LINE 1	TO LINE 6	TO LINE 7

OTHER CITY TAX CREDIT

(1) Location Worked	(2) Taxable Wages (from Column E above)	(3) Other City Tax Withheld	(4) 2% of Column 2	(5) Lesser of Column 3 or 4	(6) Multiply Column 5 x .5	(7) Allowable Credit
					x .5	
					x .5	
					x .5	
					x .5	
					x .5	
TOTAL:					TO COLUMN G OF W2 WORKSHEET	

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)
TOTAL:						TO COLUMN C OF W2 WORKSHEET

OTHER INCOME

(1) Schedule C Self-Employment	(2) Schedule E Rental Income	(3) Schedule F Farm Income	(4) 1099 Misc.	(5) K-1	(6) Other Misc. Income	(7) Total
Totals						TO LINE 2

PART B - WORKSHEET INSTRUCTIONS

W-2 AND W2G INCOME: Enter each W-2 individually.

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

COLUMN B:

W2: Enter the amount of your qualifying wages. This amount is usually shown in the Medicare wage box on your W2 (Box 5). Exceptions may include some Government employees employed prior to April 1, 1986. For these, use the larger of box 1 or 18.

W2G: Enter the amount of lottery or gambling winnings from Box 1 on the W2G.

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.

COLUMN D: Enter any other adjustments to your taxable wages. Additional adjustments to income that may occur are wages earned in another city 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. Use the Other City Credit Worksheet 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.

OTHER CITY TAX CREDIT WORKSHEET:

W2 Column 1-5:

Enter amounts as shown. Use Taxable wages amount from Column E (after 2106 deduction or adjustments).

Multiply Column 5 by .5 (1/2).

Enter result in Column 7.

Carry total Column 7 to Column G of W2 worksheet.

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

W2G:

Column 1: Enter the location from Box 18 on the W2G.

Column 2: Enter the amount of lottery or gambling winnings from Box 1 on the W2G.

Column 3: Enter amount from Box 17 on the W2G.

Column 4-7: Proceed as directed above.

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. If your employment was in several cities, the allowed amount of 2106 expenses will be allocated to each city according to wage ratio.

OTHER INCOME WORKSHEET: ATTACH ALL SCHEDULES AND DOCUMENTATION

COLUMN 1: Enter amount of net profit or loss from line 31, Federal Schedule C, or line 3, Federal Schedule C-EZ.

COLUMN 2: Enter amount of net profit or loss from line 21, Federal Schedule E.

COLUMN 3: Enter amount of net profit or loss from line 34, Federal Schedule F.

COLUMN 4: Enter income amounts from Box 1, 2, 3, 5, 7 or 13, if the income has NOT been included on a Federal Schedule C.

COLUMN 5: Enter taxable income from Schedule K-1 (not SCorp).

COLUMN 6: Enter any other type of taxable miscellaneous income:

COLUMN 7: TOTAL - Enter the total of columns 1-6. Carry this total to Line 2 on the front of the form.