



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

**2018 SPRINGFIELD  
 INCOME TAX RETURN**  
**DUE ON OR BEFORE APRIL 15, 2019**  
**FILING REQUIRED EVEN IF NO TAX DUE.**

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

NAME AND ADDRESS (INDICATE CHANGES)  
**Account Number**

**First and Last Name(s)**

**Street Address**

**City, State and Zip**

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**

1. TOTAL TAXABLE WAGES (From Part B Worksheet, Column D) .....	1 _____	OFFICE USE
2. TOTAL OTHER INCOME (From Other Income Worksheet, Column 7).....	2 _____	
3. TOTAL TAXABLE INCOME (Add Lines 1 and 2) .....	3 _____	
4. CITY OF SPRINGFIELD TAX (Multiply Line 3 x 2.4%) .....	4 _____	
<b>PAYMENTS AND CREDITS</b>		
5. ESTIMATED PAYMENTS/PRIOR YEAR CREDITS .....	5 _____	
6. CITY OF SPRINGFIELD TAX WITHHELD (From Part B Worksheet, Column E) .....	6 _____	
7. CREDIT FOR OTHER CITY TAX WITHHELD/PAID (From Part B Worksheet, Column F) .....	7 _____	
8. TOTAL PAYMENTS AND CREDITS (Add Lines 5, 6 and 7) .....	8 _____	
9. <b>BALANCE OF TAX DUE</b> (Line 4 minus Line 8) (No tax due if \$10.00 or less) .....	9 _____	
10. UNDER-PAYMENT OF ESTIMATE PENALTY AND 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 2019 <input type="checkbox"/> Credit to prior year <input type="checkbox"/> Refund (No refunds or credit if \$10.00 or less)		

**PART C - 2019 DECLARATION OF ESTIMATED TAX - 90% OF TAX LIABILITY DUE BY JANUARY 15, 2020  
 MUST BE COMPLETED BY TAXPAYERS WHO ANTICIPATE NET TAX DUE OF \$200 OR MORE**

16. TOTAL 2019 ESTIMATED TAX (Before Credits) .....	16 _____	OFFICE USE
17. LESS CREDIT FOR TAX WITHHELD .....	17 _____	
18. NET 2019 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. <b>TOTAL DUE BY APRIL 15, 2019</b> (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, SCHEDULES, AND FEDERAL 1040 PAGE 1 TO BACK OF FORM

