



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)

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 D)	1 _____
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 _____
PAYMENTS AND CREDITS	
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. BALANCE OF TAX DUE (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 _____	
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. TOTAL DUE BY APRIL 15, 2019 (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

