

Form IR 2009

FILE WITH AND MAKE CHECK PAYABLE TO CITY OF NORWOOD EARNINGS TAX DEPARTMENT 4645 MONTGOMERY ROAD NORWOOD, OHIO 45212	2009 <b>NORWOOD</b> 2009 INDIVIDUAL INCOME TAX RETURN DUE ON OR BEFORE APRIL 15, 2009  TAX OFFICE PHONE: 513-458-4590 FAX: 513-458-4581	EXTENSION REQUESTS must be made BY APRIL 15, 2010 See instructions for Extension Policy  <b>MAKE A COPY OF FORM IR                  FOR YOUR FILE</b>
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TAXPAYER'S NAME & ADDRESS:   IF NOT SHOWN ABOVE, PRINT NAME AND ADDRESS	<b>REQUIRED INFORMATION:</b> Taxpayer's Social Security No. _____ Spouse's Social Security No. _____ Home Telephone No. _____ Business Telephone No. _____ Retired _____ Social Security Disability _____ Filing Status: Single _____ Married _____ Resident _____ Move in date ____/____/____ Non-Resident _____ Move out date ____/____/____ If you rent, give Landlords' information: Name _____ Address _____
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**INCOME AND TAX**

1. Wages, salaries, cash, tips, etc. (attach all W-2 forms)	1. _____
2. Other taxable income (attach Federal Schedules and complete side 2 schedule)	2. _____
3. Less allowable expenses not reimbursed (see instructions)	3. _____
4. Total taxable income (lines 1, 2 and 3)	4. _____
5. Norwood Tax (2.0% of line 4)	5. _____

**CREDITS**

6. Estimated Tax Payments made to Norwood	6. _____
7. Taxes withheld by employer and paid to Norwood	7. _____
8. Taxes withheld and paid to other localities (2% maximum credit allowed)	8. _____
9. Overpayment from prior year(s)	9. _____
10. Total Credits (add line 6 through 9)	10. _____

**TAX DUE**

11. If line 5 is more than line 10, subtract line 10 from line 5. THIS IS THE TAX AMOUNT YOU OWE FOR 2009.	11. _____
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**OVERPAYMENT**

12. If line 10 is greater than line 5, subtract line 5 from line 10. This is the amount you overpaid.	12. _____
13. Amount of line 12 to be credited to next year's tax \$ _____ or Amount to be Refunded \$ _____	

**DECLARATION OF ESTIMATED TAX FOR YEAR 2010**

14. Total Income subject to tax _____ multiply by Tax Rate of 2.0% for Gross Tax of	14. _____
15. Less expected credits for Tax Withheld by employer for Norwood \$ _____ and/or for other cities Plus any credit from prior years \$ _____ (ALL TOTALED)	15. _____
16. Net Estimated Tax due for 2010 (line 14 minus line 15).	16. _____
17. Amount being paid with this Declaration (must be at least ¼ of line 16)	17. _____
18. <b>TOTAL AMOUNT OF PAYMENT</b> with this return (Line 11 plus line 17)	18. _____

I CERTIFY THAT I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE. IF PREPARED BY A PERSON OTHER THAN THE TAXPAYER, THE DECLARATION IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE.

_____ Signature of Taxpayer	_____ Date	
_____ Signature of Taxpayer	_____ Date	
_____ Signature of Person Preparing if other than Taxpayer	_____ Date	

FOR TAX OFFICE USE ONLY

_____ Address	and	_____ Telephone Number	
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-PLEASE DO NOT WRITE IN THIS SPACE-