

2024  
**CITY OF KETTERING  
INDIVIDUAL TAX RETURN**  
DUE ON OR BEFORE APRIL 15, 2025



Account Number: \_\_\_\_\_

Taxpayer: \_\_\_\_\_

Spouse (if filing joint): \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Taxpayer Social Security Number

Spouse Social Security Number

☐ **CLAIM FOR  
REFUND**

(An amount must be placed  
on Line 13 for this return to be  
considered a valid refund request.)

City of Residence \_\_\_\_\_

Physical Work Address \_\_\_\_\_

Resident ☐ Date moved in \_\_\_\_\_

Non-Resident ☐ Date moved out \_\_\_\_\_

If partial year resident, indicate previous address:

**All Forms W-2, Federal Form 1040, Federal Schedule 1 and all  
other applicable Federal Schedules must be attached.**

**Part A – Tax Calculation**

1. Total Qualifying Wages (typically Box 5 of Form W-2; see instructions) – <b>Attach W-2 Forms</b> For multiple W-2's, complete Worksheet A on page 2		1.
2. Other Income from Worksheet B, Page 2, Line 12 ( <b>Do not enter amounts less than zero</b> )		2.
3. Total Taxable Income (Line 1 plus Line 2) – <b>Losses from page 2, line 8 cannot offset wages</b>		3.
4. Tax Due – <b>2.25%</b> (Multiply Line 3 by .0225)		4.
5. Credits		
5a. Kettering Tax Withheld (per W-2's)	5a.	
5b. Other Municipal Taxes Paid (Credit limited to 2.25%) – <b>Residents only</b>	5b.	
5c. Estimates Paid	5c.	
5d. Prior Year Credit	5d.	
6. Total Payments and Credits (Total of Lines 5a through 5d)		6.
7. Balance Due/(Overpayment) (Line 4 minus Line 6)		7.
8. Penalty Due (15% of all tax not timely paid)		8.
9. Interest Due (Imposed on all tax not timely paid)		9.
10. Late Filing Penalty (\$25.00 regardless of balance due on Line 7)		10.
11. <b>Total Due (Total of Lines 7, 8, 9 and 10) – If \$10.00 or less, enter \$0.00</b>		11.
12. Overpayment from Line 11	12.	
13. <b>Amount to be Refunded – If \$10.00 or less, enter \$0.00</b>	13.	
14. Credit to Next Year	14.	

**Part B – Declaration of Estimated Tax for 2025 – Must be completed by taxpayers who anticipate a net tax liability of at least \$200.00**

15. Total Estimated Income Subject to Tax \$ _____ . <b>Multiply by tax rate – 2.25%</b>		15.
16. Kettering Tax to be Withheld or Credit for Tax Paid to Other Cities		16.
17. 2025 Estimated Tax Due (Line 15 minus Line 16)		17.
18. Declaration Due (Multiply Line 17 by 22.5%)		18.
19. Less: Overpayment from Prior Year (from Line 14 above)		19.
20. Net Estimated Tax Due with this Return – <b>subsequent estimated payments are due by 6/15, 9/15, 1/15</b>		20.
21. <b>TOTAL AMOUNT DUE</b> – Add Lines 11 and 20. <b>Make checks payable to City of Kettering.</b> Credit card, debit card and electronic check payments can be made at <a href="http://www.ketteringoh.org">www.ketteringoh.org</a> .		21.

If this return was prepared by a tax practitioner, check here if we may contact him/her directly with questions regarding the preparation of this return. ☐ Yes ☐ No  
**The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated.**

Signature of Taxpayer \_\_\_\_\_ Date \_\_\_\_\_

Signature of Spouse \_\_\_\_\_ Date \_\_\_\_\_

Taxpayer Occupation \_\_\_\_\_

Spouse Occupation \_\_\_\_\_

Preparer Name \_\_\_\_\_

Preparer Email Address \_\_\_\_\_

**WORKSHEET A – QUALIFYING WAGES** (generally Box 5 (Medicare) wages. See line by line instructions for details.) Attach all Forms W-2.

EMPLOYER	PHYSICAL WORK ADDRESS	FORM W-2 (BOX 5) WAGES	KETTERING TAX WITHHELD	OTHER CITY TAX WITHHELD (NOT TO EXCEED 2.25%)
TOTALS				

ENTER ON:

PAGE 1 LINE 1

PAGE 1 LINE 5a

PAGE 1 LINE 5b

**WORKSHEET B – BUSINESS AND OTHER NON-WAGE INCOME** (Schedule C, E, F, K-1, 1099-NEC, W-2G, etc.) Attach supporting documentation.**PART I – BUSINESS INCOME**

1. <b>SCHEDULE C – Profit/(Loss) from Business</b> (Attach Federal Form 1040 and Schedule(s) C)		
(a) Net Profit/(Loss) From Federal Schedule(s) C		1a.
(b) % Allocable to Kettering – Residents: use 100%; Non-residents: complete Schedule Y below		1b.
(c) Kettering Profit/(Loss) (Line 1a multiplied by 1b)	1c.	
2. <b>SCHEDULE E – Profit/(Loss) from Rents/Royalties</b> (Attach Schedule E)	2.	
3. <b>SCHEDULE E – Profit/(Loss) from Partnerships</b> (Attach Schedule E and all K-1s)	3.	
4. <b>SCHEDULE F – Profit/(Loss) from Farming</b> (Attach Schedule F)	4.	
5. <b>ORDINARY INCOME/(LOSS) from Form 4797</b> (Attach Form 4797)	5.	
6. <b>TOTAL BUSINESS INCOME</b> (Add Lines 1c through 5)		6.
7. <b>LESS: NET OPERATING LOSS CARRYFORWARD</b> (Enter amount from NOL Worksheet Step 2(C))		7. ( )
8. <b>NET BUSINESS INCOME</b> (Line 6 plus Line 7) <b>IF LESS THAN ZERO, ENTER ZERO</b>		8.

**PART II – OTHER INCOME**

9. <b>W-2G – Gambling Winnings</b> (Attach Form(s) W-2G)	9.	
10. <b>OTHER INCOME – 1099-Misc, 1099-NEC, Cancellation of Debt, etc.</b> (Attach supporting documentation)	10.	
11. <b>TOTAL OTHER INCOME</b> (Line 9 plus Line 10)		11.

**PART III – TOTALS**

12. <b>GRAND TOTAL BUSINESS AND OTHER NON-WAGE INCOME</b> (Line 8 plus Line 11) <b>ENTER ON PAGE 1, LINE 2</b>		12.
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**WORKSHEET C – CLAIM FOR REFUND** (Note: your return is not considered complete unless all required documentation is attached.)

<b>REFUND OF TAX WITHHELD FOR PERSONS UNDER AGE 18</b> (Attach a copy of your birth certificate or State ID)		
1. Enter your total wages for the year.	1.	
2. Enter wages earned while under age 18.	2.	
3. Subtract Line 2 from Line 1. <b>ENTER ON PAGE 1, LINE 1</b>		3.
<b>REFUND OF TAX WITHHELD IN EXCESS OF LIABILITY – EMPLOYER CERTIFICATION REQUIRED</b>		
4. If Kettering tax was improperly withheld from your wages, enter your total wages from that employer.	4.	
5. Enter wages upon which tax was improperly withheld. (Attach paystub and explanation)	5.	
6. Line 4 minus Line 5. <b>ENTER ON PAGE 1, LINE 1</b>		6.
<b>REFUND OF TAX WITHHELD FOR DAYS WORKED OUTSIDE OF KETTERING (NON-RESIDENTS ONLY)</b> <b>COMPLETE DAYS WORKED OUTSIDE OF KETTERING WORKSHEET AND EMPLOYER CERTIFICATION ARE REQUIRED</b>		
7. Total Days Available (366 minus weekends not worked)	7.	
8. Less: (a) Holiday Days (Attach listing including specific dates)	8a.	
(b) Vacation/Personal Days (Attach listing including specific dates)	8b.	
(c) Sick Days (Attach listing including specific dates)	8c.	
9. Total Available Working Days (Line 7 less Lines 8a, 8b and 8c)	9.	
10. Less: Days Worked Out of Town (Attach listing including specific dates and locations worked)	10.	
11. Days Worked in the City of Kettering (Line 9 minus Line 10)	11.	
12. Qualifying Wages (Generally Box 5 of Form W-2)	12.	
13. % of Income Taxable to Kettering (Line 11 divided by Line 9)	13.	
14. Kettering Taxable Wages (Line 12 multiplied by Line 13) <b>ENTER ON PAGE 1, LINE 1</b>		14.

**SCHEDULE Y – BUSINESS APPORTIONMENT FORMULA**

	A. LOCATED EVERYWHERE	B. LOCATED IN KETTERING	PERCENTAGE (B / A)
<b>STEP 1.</b> Original Cost of Real and Tangible Personal Property			
Gross Annual Rents Paid Multiplied by 8			
<b>TOTAL STEP 1</b>			%
<b>STEP 2.</b> Wages, Salaries and Other Compensation Paid			%
<b>STEP 3.</b> Gross Receipts from Sales Made and/or Work or Services Performed			%
<b>STEP 4.</b> Total Percentages (Add Percentages from Steps 1 – 3)			%
<b>STEP 5.</b> Apportionment Percentage (Divide Step 4 by Number of Percentages Used) <b>ENTER ON WORKSHEET B, LINE 1b</b>			%



# 2024 KETTERING INDIVIDUAL INCOME TAX RETURN GENERAL INFORMATION

<b>WHO MUST FILE MANDATORY FILING REQUIREMENT</b>	<p><b>Residents:</b> All residents (including part-year residents) of the City of Kettering who are 18 years of age and older <b>are required</b> to file an annual income tax return. <b>A return is required regardless of income or employment status.</b></p> <p><b>Non-Residents:</b> Non-residents of Kettering who have taxable income or loss, earned or derived from within the City, from which Kettering tax was not withheld, must file a return.</p>
<b>EXEMPTIONS TO MANDATORY FILING</b>	Permanently retired or permanently disabled persons with only non-taxable sources of income or loss (such as social security, pensions, interest, and dividends) may file for a permanent exemption from the mandatory filing requirement by submitting the Declaration of Exemption Form and all required attachments. Forms are available on our website.
<b>DUE DATE</b>	Your City of Kettering Income Tax Return (Form KR-1040) is due on or before <b>APRIL 15, 2025</b> and should be mailed to: <b>City of Kettering Income Tax Division, P.O. Box 639409, Cincinnati, OH 45263-9409.</b>
<b>PAYMENTS</b>	Make checks or money orders payable to <b>City of Kettering</b> . Online payments can be made on our website at <a href="http://www.ketteringoh.org">www.ketteringoh.org</a> via electronic check, credit card or debit card. A convenience fee will be added for all credit card and debit card transactions. <b>If the balance due with your return is \$10.00 or less, no payment is required.</b>
<b>PENALTY AND INTEREST</b>	<p>A 15% <b>penalty</b> will be imposed on the balance of unpaid tax due as of the first day after the <u>original</u> due date of the return.</p> <p><b>Interest</b> will be imposed on the balance of unpaid tax due beginning with the first day after the <u>original</u> due date of the return. The interest rate is adjusted annually based on the federal short-term rate + 5%. Please visit our website (<a href="http://www.ketteringoh.org">www.ketteringoh.org</a>) for the current interest rate.</p> <p>A \$25.00 <b>late filing penalty</b> will be imposed for the failure to file a return by the due date (regardless of balance due shown on return).</p>
<b>REQUIRED ATTACHMENTS</b>	<b>Your Federal Form 1040, Federal Schedule 1 and supporting documentation for each income, loss or other city credit item reported on your return <u>must be attached</u>.</b> Examples include: Complete copies of all Form(s) W-2 and W-2G, Form(s) 1099-Misc and 1099-NEC, Federal Schedule(s) C, E, F or K-1.
<b>TAXABLE INCOME</b>	Taxable income includes <u>but is not limited to</u> the following: Qualifying wages, salaries, commissions, other compensation, wage continuation plans (includes retirement incentive plans and buyouts), severance pay, bonuses, directors fees, fringe benefits, gambling winnings, net profits from the operation of a business, profession, enterprise or other activity, cancellation of debt, and royalties related to gas, oil, and land.
<b>NON-TAXABLE INCOME</b>	Non-taxable income includes <u>but is not limited to</u> the following: Interest, dividends, military pay and allowances, social security benefits, welfare benefits, unemployment insurance benefits, worker's compensation, proceeds from qualified retirement plans as defined by the IRS, personal earnings of all persons under the age of 18, capital gains, alimony, contributions to a section 125 plan (cafeteria or flexible spending account), proceeds of sickness, accident or liability insurance policies and disability payments.
<b>OTHER INCOME / LOSS CALCULATION</b>	All business income and/or loss must be netted together to arrive at an overall net profit or loss for the current year. Business income includes, <u>but is not limited to</u> , activities reported on Federal Schedule(s) C, E, or F and ordinary gains reported on Federal Form 4797. If netting results in an overall loss, the loss may be carried forward for a period not to exceed five (5) years (subject to limitations in Ohio Revised Code Chapter 718.01). <b>Note that a loss from business activities may not be used to offset wages reported on Form(s) W-2, gambling winnings reported on Form(s) W-2G, or other miscellaneous income reported on Federal Form 1040.</b>
<b>S-CORPORATIONS</b>	Individual shareholders <b>should not</b> include any gain or loss (including those reported on Form 4797) from an S-Corporation on their individual return. S-Corporations conducting business in Kettering must file a City of Kettering Business Income Tax Return (Form KBR-1040). Forms are available on our website.
<b>REFUNDS</b>	<p>Refunds are allowed only when city income tax has been paid to or withheld for Kettering. Refund requests must be filed on the City of Kettering Income Tax Return. <b>Overpayments of \$10.00 or less will not be refunded.</b> Note: There is a three (3) year statute of limitations for claiming a refund or credit of any overpayment of city tax.</p> <p>When filing a refund request for days worked outside of Kettering, a completed Days Worked Outside the City of Kettering Worksheet (found on our website) must be attached to your return. <b>Failure to do so will delay processing of the request.</b></p> <p>All claims for refunds related to days worked outside of Kettering or for tax withheld in excess of liability will require signatures of both the taxpayer and their employer representative (please refer to page 3 of the Days Worked Outside of Kettering Worksheet). <b><u>Claims submitted without the required signatures will be considered incomplete and will not be processed until the signatures are provided.</u></b></p>
<b>EXTENSIONS</b>	Taxpayers who have requested an automatic 6-month extension for filing their federal income tax return shall automatically receive a 6-month extension for the filing of their city tax return. <b><u>A copy of an approved federal extension must be attached to your return at the time of filing.</u></b> Taxpayers who have not requested a 6-month extension for their federal income tax return may be granted a 6-month extension by submitting a request to the Tax Administrator by the due date of the return. <b><u>An extension of time to file is not an extension of time to pay taxes due. Penalty and interest charges will apply to all payments received after the original due date.</u></b>
<b>ESTIMATED TAX</b>	Taxpayers who anticipate a net tax liability of \$200.00 or more are required under Ohio law to make estimated tax payments. Quarterly estimated tax payments are due on April 15, June 15, September 15, and January 15. Estimated tax payment vouchers and instructions are available on our website.
<b>DISCLAIMER</b>	Definitions and instructions are illustrative only. The City of Kettering Income Tax Code and the Ohio Revised Code supersede any interpretation presented.

# 2024 INSTRUCTIONS FOR PREPARING CITY OF KETTERING INDIVIDUAL INCOME TAX RETURN

## PART A – TAX CALCULATION

**LINE 1:** Enter total amount of Qualifying Wages, which typically includes amounts reported in the Medicare wage base (Box 5 of Form W-2), with exceptions including compensation of Medicare-exempt employees hired before April 1, 1986 and income from the disqualifying disposition of stock options. If you have multiple W-2's, complete Worksheet A on page 2 of this return. **Attach all W-2's.**

**LINE 2:** Complete Worksheet B on page 2 of this return. If income reported on Form 1099-NEC is included on the Federal Schedule C, do not report it separately on Worksheet B, Line 12. Refer to instructions below regarding net operating losses if applicable. **Enter the amount from Worksheet B, Line 12 on Page 1, Line 2 of this return. Do not enter amounts less than zero. Attach all appropriate schedules and documentation.**

### Net Operating Losses

In accordance with Ohio Revised Code Chapter 718 and the City of Kettering Income Tax Code, net operating losses may not offset wages reported on Form(s) W-2, gambling winnings or other miscellaneous income reported on the Federal Form 1040.

\*Note that for tax years beginning in 2023, the full amount of available net operating loss may be utilized to reduce taxable income to zero. Any remaining, unused portion may be carried forward for a period not to exceed 5 years.

**To determine the allowable net operating loss deduction, please refer to page 2 of the instructions.**

**LINE 3:** Line 1 plus Line 2.

**LINE 4:** Multiply Line 3 by 2.25% (.0225).

**LINE 5a:** Enter the total amount of Kettering tax withheld from W-2's. If you have multiple W-2's, please refer to Worksheet A.

**LINE 5b:** Enter the total amount of tax withheld for or paid to another Municipal Corporation, not to exceed 2.25%. **Attach supporting documentation in the form of W-2's or tax returns submitted to other Municipal Corporations.** If you have multiple W-2's, please refer to Worksheet A. Note: This credit is available for **RESIDENTS** only.

Residents with income or loss from sources other than Qualifying Wages shall calculate credit for tax paid to another Municipal Corporation as follows:

- If Part A line 2 is comprised of **profit items only**, full credit may be claimed for taxes due and paid to other Municipal Corporations.
- If Part A line 2 includes loss items the losses must be allocated against the profits as illustrated in the example below:

	Total	Centerville	Troy
<b>Profits</b>	\$50,000	\$30,000	\$20,000
Municipal Contribution %		60%	40%
<b>Loss Allocation</b>			
NOL Carryforward	(5,000)		
Current Year Loss	(3,000)		
<b>Total</b>	<b>(8,000)</b>	<b>(4,800)</b>	<b>(3,200)</b>
Profits	\$50,000	\$30,000	\$20,000
Losses	(8,000)	(4,800)	(3,200)
<b>Net Other Income</b>	<b>\$42,000</b>	<b>\$25,200</b>	<b>\$16,800</b>
Tax Rate		×2.25%	×1.75%
<b>Allowable Credit</b>	<b>\$861</b>	<b>\$567</b>	<b>\$294</b>

**LINE 5c:** Enter the amount of estimated tax payments including any amounts paid with an extension.

**LINE 5d:** Enter the amount of prior year credits.

**LINE 6:** Add Lines 5a, 5b, 5c, and 5d.

**LINE 7:** Line 4 minus Line 6.

**LINE 8:** Enter the amount of penalty, if applicable. A 15% penalty will be imposed on the balance of unpaid tax due as of the first day after the original due date of the return.

**LINE 9:** Enter the amount of interest, if applicable. Interest will be imposed on the balance of unpaid tax due beginning with the first day after the original due date of the return. The interest rate is adjusted annually based on the federal short-term rate + 5%. Please visit our website ([www.ketteringoh.org](http://www.ketteringoh.org)) for the current interest rate.

**LINE 10:** If the return is past due, a \$25.00 late filing penalty is imposed. This penalty is due in addition to all other penalties even if no tax is due. Enter the applicable amount.

**LINE 11:** Add Lines 7-10. This is your balance due. **No payment is due if the amount is \$10.00 or less.** If Line 11 reflects an overpayment, enter this amount on Line 12.

**Note:** If you are required to pay estimated tax payments, you must continue and complete Part B of this return.

**LINE 12:** Overpayment from Line 11.

**LINE 13:** Enter the amount from Line 12 to be refunded. **No refund will be issued if the amount is \$10.00 or less.**

**LINE 14:** Enter the amount from Line 12 to be credited to your 2025 estimated tax liability.

**Claim For Refund:** You must check the Claim for Refund box on page 1. Please complete Worksheet C if you are filing for a refund of Kettering tax withheld in excess of liability, tax withheld on wages while under the age of 18, or a non-resident individual filing for a refund of tax withheld for days worked outside of Kettering.

When filing a refund request for days worked outside of Kettering, a completed Days Worked Outside the City of Kettering Worksheet (found on our website) must be attached to your return. Failure to do so will delay processing of the request.

All claims for refunds related to days worked outside of Kettering or for tax withheld in excess of liability will require signatures of both the taxpayer and their employer representative (please refer to page 3 of the Days Worked Outside of the City of Kettering Worksheet). **Claims submitted without the required signatures will be considered incomplete and will not be processed until the signatures are provided.**

## PART B – DECLARATION OF ESTIMATED TAX FOR 2025

**LINE 15:** Enter the amount of Total Estimated Income Subject to Tax. Multiply this figure by 2.25% to determine the total estimated tax due for 2025. Enter the result on Line 15.

**LINE 16:** Enter the total amount of Kettering and other allowable municipal taxes estimated to be withheld from wages.

**LINE 17:** Line 15 minus Line 16.

**LINE 18:** Multiply Line 17 by 22.5% to determine the amount of estimated tax due for the first quarter.

**LINE 19:** Enter the amount of credits from Line 14 above.

**LINE 20:** Subtract Line 19 from Line 18. Enter the result on Line 20.

**LINE 21:** Line 11 plus Line 20. **Make checks payable to City of Kettering.** Online payments can be made on our website via electronic check, credit card or debit card. A convenience fee will be added to all credit card and debit card payments.

## MAIL COMPLETED RETURNS TO:

City of Kettering Income Tax Division  
P.O. Box 639409  
Cincinnati, OH 45263-9409

Phone: (937) 296-2502 Fax: (937) 296-3242  
Email: [ketteringtax@ketteringoh.org](mailto:ketteringtax@ketteringoh.org)  
Website: [www.ketteringoh.org](http://www.ketteringoh.org)

**CITY OF KETTERING INCOME TAX DIVISION**  
**INDIVIDUAL NET OPERATING LOSS WORKSHEET**  
**TAX YEAR \_\_\_\_\_**  
**(ATTACH TO FORM KR-1040)**

**STEP 1: COMPLETE THE NET OPERATING LOSS WORKSHEET**

YEAR LOSS WAS INCURRED	ORIGINAL NET OPERATING LOSS (A)	-	AMOUNT OF NOL USED PRIOR TO 2024 (B)	=	AVAILABLE NET OPERATING LOSS (C) = (A) - (B)	AMOUNT OF LOSS UTILIZED ON 2024 RETURN FROM STEP 2(C) BELOW (E)	REMAINING LOSS CARRIED TO 2025 CF= (A) - (B) - (E)
2019		-		=			EXPIRED
2020		-		=			
2021		-		=			
2022		-		=			
2023		-		=			
2024		-		=			
TOTALS		-		=			

(D)

**STEP 2: CALCULATE ALLOWABLE AMOUNT OF NET OPERATING LOSS**  
**(Net operating loss cannot reduce taxable income below zero)**

(A) Form KR-1040, Worksheet B, Line 6 \_\_\_\_\_

(B) Amount from Step 1(D) above \_\_\_\_\_

(C) Lesser of Step 2(A) or Step 2(B) \_\_\_\_\_

**STEP 3: ENTER AMOUNT FROM STEP 2(C) ON FORM KR-1040 WORKSHEET B, LINE 7**