

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) – Attach W-2 Forms For multiple W-2's, complete Worksheet A on page 2		1.
2. Other Income from Worksheet B, Page 2, Line 12 (Do not enter amounts less than zero)		2.
3. Total Taxable Income (Line 1 plus Line 2) – Losses from page 2, line 8 cannot offset wages		3.
4. Tax Due – 2.25% (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%) – Residents only	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. Total Due (Total of Lines 7, 8, 9 and 10) – If \$10.00 or less, enter \$0.00		11.
12. Overpayment from Line 11	12.	
13. Amount to be Refunded – If \$10.00 or less, enter \$0.00	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 \$ _____ . Multiply by tax rate – 2.25%		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 – subsequent estimated payments are due by 6/15, 9/15, 1/15		20.
21. TOTAL AMOUNT DUE – Add Lines 11 and 20. Make checks payable to City of Kettering. Credit card, debit card and electronic check payments can be made at www.ketteringoh.org.		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 _____
Taxpayer Occupation _____
Preparer Name _____

Signature of Spouse _____ Date _____
Spouse Occupation _____
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. SCHEDULE C – Profit/(Loss) from Business (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. SCHEDULE E – Profit/(Loss) from Rents/Royalties (Attach Schedule E)	2.	
3. SCHEDULE E – Profit/(Loss) from Partnerships (Attach Schedule E and all K-1s)	3.	
4. SCHEDULE F – Profit/(Loss) from Farming (Attach Schedule F)	4.	
5. ORDINARY INCOME/(LOSS) from Form 4797 (Attach Form 4797)	5.	
6. TOTAL BUSINESS INCOME (Add Lines 1c through 5)		6.
7. LESS: NET OPERATING LOSS CARRYFORWARD (Enter amount from NOL Worksheet Step 2(C))		7. ()
8. NET BUSINESS INCOME (Line 6 plus Line 7) IF LESS THAN ZERO, ENTER ZERO		8.

PART II – OTHER INCOME

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

PART III – TOTALS

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

REFUND OF TAX WITHHELD FOR PERSONS UNDER AGE 18 (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. ENTER ON PAGE 1, LINE 1		3.
REFUND OF TAX WITHHELD IN EXCESS OF LIABILITY – EMPLOYER CERTIFICATION REQUIRED		
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. ENTER ON PAGE 1, LINE 1		6.
REFUND OF TAX WITHHELD FOR DAYS WORKED OUTSIDE OF KETTERING (NON-RESIDENTS ONLY) COMPLETE DAYS WORKED OUTSIDE OF KETTERING WORKSHEET AND EMPLOYER CERTIFICATION ARE REQUIRED		
7. Total Days Available (365 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) ENTER ON PAGE 1, LINE 1		14.

SCHEDULE Y – BUSINESS APPORTIONMENT FORMULA

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