### Part A – Tax Calculation

1. Total Qualifying Wages (generally found in Box 5 of Form W-2; see instructions) — Attach W-2 Forms
   For multiple W-2’s, complete Worksheet A on page 2

2. Less: Form 2106 (Employee Business Expenses) — Attach Form 2106 and Federal Schedule A

3. Taxable Wages (Line 1 minus Line 2)

4. Other Income/(Loss) from Federal Schedules C, E, F, K-1, 1099-MISC, W-2G (See Worksheet B, Page 2)

5. Kettering Taxable Income (Line 3 plus Line 4) — Losses on Line 4 cannot offset taxable wages from Line 3

6. Kettering Income Tax - 2.25% (Multiply Line 5 by .0225)

7a. Kettering Tax Withheld (per W-2’s)

7b. Other Municipal Taxes Paid (Credit limited to 2.25%) — Residents only

7c. Estimates Paid

7d. Prior Year Credit

8. Total Payments and Credits (Total of Lines 7a through 7d)

9. Balance Due/(Overpayment) (Line 6 minus Line 8)

10. Late Filing Penalty ($25.00 regardless of balance due on Line 9)

11a. Penalty Due (15% of the amount not timely paid)

11b. Interest Due (Imposed on all tax not timely paid)

12. Total Due (Total of Lines 9, 10, 11a and 11b.) No payment due if Line 12 is $10.00 or less.

13. Overpayment from Line 12

14. Amount to be Refunded (Amounts $10.00 or less will not be refunded)

15. Credit to Next Year

### Part B – Declaration of Estimated Tax for 2018 – Must be completed by taxpayers who anticipate a net tax liability of at least $200.00

16. Total Estimated Income Subject to Tax $ ___________. Multiply by tax rate – 2.25%

17. Kettering Tax to be Withheld or Credit for Tax Paid to Other Cities

18. 2018 Estimated Tax Due (Line 16 minus Line 17)

19. Declaration Due (Multiply Line 18 by 22.5%)

20. Less: Overpayment from Prior Year (from Line 15 above)

21. Net Estimated Tax Due with this Return – subsequent estimated payments are due by 6/15, 9/15, 1/15

22. TOTAL AMOUNT DUE – Add Lines 12 and 21. Make checks payable to City of Kettering.

Credit card, debit card and electronic check payments can be made at www.ketteringoh.org.

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.

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**Signature of Taxpayer** [Signature] __________________________ [Date] ________

**Taxpayer Occupation** [Signature] __________________________ [Date] ________

**Preparer Name** [Signature] __________________________ [Preparer Email Address] __________________________ [Date] ________
WORKSHEET A – QUALIFYING WAGES (generally include Box 5 (Medicare) wages. See line by line instructions for details. Attach all Forms W-2.)

<table>
<thead>
<tr>
<th>COLUMN 1</th>
<th>COLUMN 2</th>
<th>COLUMN 3</th>
<th>COLUMN 4</th>
<th>COLUMN 5</th>
<th>COLUMN 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMPLOYER</td>
<td>CITY WHERE EMPLOYED</td>
<td>INCOME FROM EACH LOCAL W-2</td>
<td>*2106 EXPENSES, IF ANY</td>
<td>KETTERING TAX WITHHELD</td>
<td>*OTHER CITY TAX WITHHELD (NOT TO EXCEED 2.25%)</td>
</tr>
<tr>
<td>1.</td>
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<td>4.</td>
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<tr>
<td>5. TOTALS</td>
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</tbody>
</table>

ENTER ON: PAGE 1 LINE 1 PAGE 1 LINE 2 PAGE 1 LINE 7a PAGE 1 LINE 7b

*Income reduced by 2106 and earned in another city must also reduce the tax withheld for that city by the same percentage.

WORKSHEET B – OTHER INCOME (Schedules C, E, F, K-1, 1099-MISC, W-2G, etc. To avoid a delay in processing, attach supporting documents.)

1. SCHEDULE C – Profit or Loss from Business  Attach Form 1040, Schedule C
   (a) Net Profit/(Loss) From Federal Schedule 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 or Loss from Rents/Royalties  Attach Form 1040, Schedule E

3. SCHEDULE E – Profit or Loss from Partnerships  Attach Form 1040, Schedule E and Forms K-1

4. SCHEDULE F – Profit or Loss from Farming  Attach Form 1040, Schedule F

5. 1099-MISC – Miscellaneous Income  Attach Form(s) 1099-MISC and Form 1040, Page 1

6. W-2G – Gambling Winnings  Attach Form(s) W-2G

7. OTHER  List separately and provide detail

8. SUBTOTAL  Add lines (1c) through (7)


10. TOTAL (Line 8 minus Line 9.) ENTER ON PAGE 1, LINE 4

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 Ohio 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

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.


REFUND OF TAX WITHHELD FOR DAYS WORKED OUTSIDE OF KETTERING - NONRESIDENTS ONLY

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 APPOINTMENT FORMULA

<table>
<thead>
<tr>
<th>STEP 1.</th>
<th>Original Cost of Real and Tangible Personal Property</th>
<th>A. LOCATED EVERYWHERE</th>
<th>B. LOCATED IN KETTERING</th>
<th>PERCENTAGE (B / A)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Gross Annual Rents Paid Multiplied by 8</td>
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<tr>
<td>TOTAL STEP 1</td>
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</tbody>
</table>

| 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 |                       |                       |                   |