



PLEASE REMIT TO:
CITY OF OAKWOOD
INCOME TAX DEPARTMENT
 30 PARK AVENUE
 OAKWOOD OH 45419-3400
 (937) 298-0531
 www.oakwoodohio.gov

2014
CITY OF OAKWOOD
INCOME TAX RETURN

FOR FISCAL YEAR _____ TO _____

FOR OFFICE USE ONLY

PAID \$ _____
 CHECK NO. _____ CASH _____
 DATED _____

**DUE ON OR BEFORE APRIL 15, 2015 OR
 THE 15th DAY OF THE 4TH MONTH FROM
 THE END OF THE FISCAL YEAR**
 FILING REQUIRED EVEN IF NO TAX IS DUE

ACCOUNT NUMBER _____
 TAXPAYER NAME(S) _____
 ADDRESS _____
 CITY, STATE AND ZIP CODE _____
 TELEPHONE _____
 EMAIL _____

YOUR SOCIAL SECURITY NO. _____
 SPOUSE'S SOCIAL SECURITY NO. _____
 FEDERAL I.D. NO. (If Applicable) _____
 CITY OF EMPLOYMENT _____
 IF YOU MOVED DURING THE YEAR, GIVE DATE MOVED
 INTO OAKWOOD ____/____/____ OUT OF OAKWOOD ____/____/____
 PRIOR ADDRESS _____

TAXPAYER STATUS CHECK ONE OR MORE: EMPLOYEE PROPRIETOR PARTNERSHIP CORPORATION RESIDENT NON-RESIDENT

1. Total Qualifying Wages (Typically Box 5 From W-2) – ATTACH W-2'S..... \$ _____
2. Other Income from Page 2, Section A, Line 7 (DO NOT ENTER AMOUNTS LESS THAN ZERO.)..... \$ _____
3. Total Income Subject to Income Tax: Total Lines 1 and 2 \$ _____
4. OAKWOOD INCOME TAX: 2.5% of Line 3 \$ _____
5. CREDITS:
 - A. Oakwood Tax Withheld by Employer..... \$ _____
 - B. Tax Paid to Other Cities – See Instructions..... \$ _____
 - C. Estimated Payments and Overpayments from Prior Years..... \$ _____
 - D. TOTAL CREDITS..... \$ _____
6. Balance of Tax Due: Line 4 less Line 5 (D)..... \$ _____
7. For Delinquent Returns Only (See instructions):

Late Filing Penalty _____ Penalty _____ Interest _____ \$ _____
8. TOTAL LIABILITY FOR THIS YEAR: Line 6 plus Line 7 (No tax due or refunded if under \$1.00)..... \$ _____
 - A. If Overpayment, Transfer to Next Year \$ _____ or Refund \$ _____

DECLARATION OF ESTIMATED TAX

FOR CALENDAR YEAR 2015 OR FISCAL YEAR _____ TO _____

9. Total Estimated Income Subject to Tax \$ _____ Multiply by 2.5% for Tax of \$ _____
10. Less Expected Tax Credits
 - A. Oakwood Tax Withheld \$ _____
 - B. Tax Paid to Other Cities \$ _____
 - C. TOTAL CREDITS..... \$ _____
11. NET TAX DUE: Line 9 less Line 10 (C) \$ _____
 - A. Overpayment from Prior Years..... \$ _____
12. AMOUNT PAID WITH THIS DECLARATION: Not Less Than 1/4 of Line 11 Less Line 11 (A) \$ _____
13. TOTAL DUE: Line 8 plus Line 12 (If Line 8 reflects overpayment, enter amount from Line 12 only)..... \$ _____

I certify that I have examined this return along with accompanying schedules and, to the best of my knowledge and belief, it is true, correct and complete.
 If this return was prepared by a tax practitioner, I have indicated whether or not you may contact my preparer regarding the preparation of this return. Yes No

 Your Signature Date

 Signature of Person Preparing if other than Taxpayer Date

 Spouse's Signature (if joint return BOTH must sign) Date

 Address Telephone Number

SECTION A: INCOME OTHER THAN WAGES

1. PROFIT OR LOSS FROM BUSINESS OR PROFESSION (ATTACH FEDERAL SCHEDULE C, FORM 1065, FORM 1120S, OR FORM 1120)
 - Business Name/Address _____
 - Kind of Business _____
 - 1A. Adjusted Net Income/<Loss> from Schedule X, Line 3, below1A. \$ _____
 - 1B. Percentage Allocable to Oakwood. Enter 100% or % calculated from Schedule Y below1B. \$ _____ %
 - 1C. Oakwood Income or <Loss> (Line 1A multiplied by 1B) 1C. \$ _____
2. ORDINARY INCOME/<LOSS> FROM FORM 4797 – Capital Gains are NOT taxable 2. \$ _____
3. INCOME/<LOSS> FROM RENTS – Attach Copy of Federal Schedule E. (Address of rental properties must be included) ... 3. \$ _____
4. INCOME/<LOSS> FROM PARTNERSHIPS – Attach Copy of Schedule K-1(s), Schedule E (Address of partnership activities must be included) 4. \$ _____
5. TOTAL FROM LINES 1C, 2, 3, AND 4. IF LESS THAN ZERO, ENTER ZERO 5. \$ _____
6. OTHER INCOME NOT INCLUDED IN LINES 1-4 – TRUSTS, ESTATES, COMMISSIONS, TIPS, GAMBLING INCOME, DIRECTOR'S FEES. MISCELLANEOUS, ETC. - (Attach copy of 1099(s) and Other Supporting Documents) 6. \$ _____
7. TOTAL OTHER INCOME FROM LINES 5 AND 6. ENTER ON LINE 2, PAGE 1 7. \$ _____

SECTION B: SCHEDULE X – RECONCILIATION WITH FEDERAL INCOME TAX RETURN

(SCHEDULE X PERTAINS TO BUSINESSES ONLY – NOT TO BE USED BY INDIVIDUALS OTHER THAN SOLE PROPRIETORS)

1. INCOME/<LOSS> PER FEDERAL RETURN OR SCHEDULE ATTACHED \$ _____
2. A. ITEMS NOT DEDUCTIBLE (From Line M, Schedule X Below)..... Add _____
- B. ITEMS NOT TAXABLE (From Line Z, Schedule X Below)..... Deduct _____
- C. Line 2A minus Line 2B \$ _____
3. ADJUSTED NET INCOME/<LOSS> (Line 1, Plus or Minus Line 2C) Enter on Above Section A, Line 1A \$ _____

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
A. Capital losses deducted – DO NOT include ordinary loss from Federal Form 4797.....	\$ _____	N. Capital Gains from sale, exchange or other dispositions, DO NOT include ordinary gain from Federal Form 4797.....	\$ _____
B. Expenses Attributable to non-taxable income (5% of intangible income).....	\$ _____	O. Interest Income.....	\$ _____
C. City or State Income Taxes.....	\$ _____	P. Dividends.....	\$ _____
D. Net Operating loss deduction per Federal Return		Q. Income from Patents and Copyrights.....	\$ _____
E. Guaranteed payments to partners.....	\$ _____	R. Other.....	\$ _____
F. Federally deducted amounts paid or accrued to or for qualified self-employed retirement plans, health insurance plans and life insurance plans for owners or owner-employees of non-C corp entities.....	\$ _____	(Explain) _____	
G. Other expenses not deductible.....	\$ _____	_____	
(Explain) _____		_____	
_____		_____	

M. TOTAL ADDITIONS: (Enter on Line 2A above).....	\$ _____	Z. TOTAL DEDUCTIONS (Enter on line 2B above).....	\$ _____

SECTION C: SCHEDULE Y – BUSINESS ALLOCATION FORMULA

(SCHEDULE Y PERTAINS TO BUSINESSES ONLY – NOT TO BE USED BY INDIVIDUALS OTHER THAN NON – RESIDENT SOLE PROPRIETORSHIPS)
 The business allocation factor should be applied to adjusted net income or loss using all three factors. A factor may be excluded only when that factor does not exist anywhere.

	a. LOCATED EVERYWHERE	b. LOCATED IN OAKWOOD	c. PERCENTAGE (b ÷ a)
STEP 1. Average Original Cost of Real and Tangible Personal Property.....	_____	_____	
Gross Annual Rentals Paid Multiplied by 8.....	_____	_____	
Total Step 1.....	_____	_____	_____ %
STEP 2. Gross Receipts from Sales Made and/or Work or Services Performed.....	_____	_____	_____ %
STEP 3. Wages, Salaries, and Other Compensation Paid.....	_____	_____	_____ %
STEP 4. TOTAL PERCENTAGES.....	_____	_____	_____ %
STEP 5. AVERAGE PERCENTAGE: Divide Line 4 by Number of Percentages Used.....	_____	_____	_____ %
Enter in Section A, Line 1B			