



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

# 2016 CITY OF OAKWOOD INDIVIDUAL TAX RETURN

FOR OFFICE USE ONLY	
PAID \$ _____	
CHECK NO. _____ CASH _____	
DATED _____	

**DUE ON OR BEFORE APRIL 18, 2017 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. \_\_\_\_\_

CITY OF EMPLOYMENT \_\_\_\_\_

IF YOU MOVED DURING THE YEAR, GIVE DATE MOVED  
 INTO OAKWOOD \_\_\_\_ / \_\_\_\_ / \_\_\_\_ OUT OF OAKWOOD \_\_\_\_ / \_\_\_\_ / \_\_\_\_

PRIOR ADDRESS \_\_\_\_\_

**TAXPAYER STATUS**    RESIDENT    NON-RESIDENT

1. Total Qualifying Wages from Page 2, Section A, Column 4..... \$ \_\_\_\_\_
2. Other Income from Page 2, Section B, Line 9 (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 \$10.00 or less) ..... \$ \_\_\_\_\_
  - A. If Overpayment, Transfer to Next Year \$ \_\_\_\_\_ or Refund \$ \_\_\_\_\_

**DECLARATION OF ESTIMATED TAX – MANDATORY (SEE INSTRUCTIONS)**

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. Overpayment from Prior Years..... \$ \_\_\_\_\_
  - D. TOTAL CREDITS..... \$ \_\_\_\_\_
11. NET TAX DUE: Line 9 less Line 10 (D). If less than \$200.00, enter \$0.00 on line 12 ..... \$ \_\_\_\_\_
12. AMOUNT PAID WITH THIS DECLARATION: Line 11 x 25%..... \$ \_\_\_\_\_
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: ATTACH ALL W-2S. FOR EMPLOYEE BUSINESS EXPENSES YOU MUST ATTACH FORMS 2106 AND FEDERAL SCHEDULE A**

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6
City Where Employed	Wages (Typically Box 5 From W-2)	2106 Expenses (See Instructions)	Taxable Wages (Col 2-3)	Oakwood Tax Withheld	Other City Tax Withheld*
1					
2					
3					
4					
Total					

To Page 1, Line 1                      To Page 1, Line 5A                      To Page 1, Line 5B

\*If you have expenses listed in Column 3, other city tax withheld is calculated as Column 4 wages x the work city tax rate

**SECTION B: INCOME OTHER THAN WAGES**

1. PROFIT OR LOSS FROM BUSINESS OR PROFESSION (ATTACH FEDERAL SCHEDULE C)
 

Business Name/Address \_\_\_\_\_

Type of Business \_\_\_\_\_

1A. Adjusted Net Income/<Loss> From Schedule C .....1A. \$ \_\_\_\_\_

1B. Percentage Allocable to Oakwood. Enter 100% or % calculated from Schedule Y below .....1B. \$ \_\_\_\_\_%

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. (DO NOT INCLUDE PASSIVE ACTIVITY LOSS CARRYOVERS) ..... 3. \$ \_\_\_\_\_
4. INCOME/<LOSS> FROM TAXABLE ROYALTIES – Attach Schedule E. (SEE INSTRUCTIONS) ..... 4. \$ \_\_\_\_\_
5. INCOME/<LOSS> FROM PARTNERSHIPS – Attach Schedule E. Non-residents enter 0. (DO NOT INCLUDE PASSIVE ACTIVITY LOSS CARRYOVERS) ..... 5. \$ \_\_\_\_\_
6. OTHER INCOME/<LOSS> FROM SCHEDULES E AND F: FARM INCOME, TRUSTS AND /OR ESTATE. .... 6. \$ \_\_\_\_\_
7. TOTAL FROM LINES 1C THROUGH 6. IF LESS THAN ZERO, ENTER ZERO ..... 7. \$ \_\_\_\_\_
8. OTHER INCOME NOT INCLUDED IN LINES 1-6 – COMMISSIONS, TIPS, GAMBLING INCOME, DIRECTOR’S FEES. MISCELLANEOUS, ETC. - (DO NOT INCLUDE INTEREST, DIVIDEND INCOME) ..... 8. \$ \_\_\_\_\_
9. TOTAL OTHER INCOME LINES 7 PLUS 8. ENTER ON LINE 2, PAGE 1 ..... 9. \$ \_\_\_\_\_

**SECTION C: SCHEDULE Y – BUSINESS ALLOCATION FORMULA**

TO BE USED ONLY BY 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