



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

# 2017 CITY OF OAKWOOD INDIVIDUAL TAX RETURN

## FOR OFFICE USE ONLY

PAID \$ \_\_\_\_\_

CHECK NO. \_\_\_\_\_ CASH \_\_\_\_\_

DATED \_\_\_\_\_

**DUE ON OR BEFORE APRIL 17, 2018 OR  
THE 15th DAY OF THE 4TH MONTH FROM  
THE END OF THE FISCAL YEAR**

FILING REQUIRED EVEN IF NO TAX IS DUE

TAXPAYER \_\_\_\_\_

SPOUSE \_\_\_\_\_

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 \$ \_\_\_\_\_

## 2018 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 Less 2% of AGI	Taxable Wages (Col 2-3)	Oakwood Tax Withheld	Other City Tax Withheld*
1					
2					
3					
4					
5 TAX PAID TO OTHER CITIES ON INCOME NOTED IN SECTION B BELOW (ATTACH SUPPORT)					
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/&lt;Loss&gt; From Schedule C ..... 1A. \$ \_\_\_\_\_

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

1C. Oakwood Income or &lt;Loss&gt; (Line 1A multiplied by 1B) ..... 1C. \$ \_\_\_\_\_

2. ORDINARY INCOME/&lt;LOSS&gt; 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/&lt;LOSS&gt; 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 OR S CORP INCOME/LOSS) ..... 5. \$ \_\_\_\_\_

6. OTHER INCOME/&lt;LOSS&gt; 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 LINE 7 PLUS LINE 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 B, Line 1B			