



PLEASE REMIT TO:  
**CITY OF OAKWOOD**  
**INCOME TAX DEPARTMENT**  
 P.O. BOX 632195  
 CINCINNATI, OH 45263-2195  
 (937) 298-0531  
 www.oakwoodohio.gov

**2023**  
**CITY OF OAKWOOD**  
**INDIVIDUAL TAX RETURN**  
**DUE APRIL 15, 2024**

<b>FOR OFFICE USE ONLY</b>	
PAID \$ _____	_____
CHECK NO. _____	CASH _____
DATED _____	_____

**AMENDED**     **REFUND**

TAXPAYER \_\_\_\_\_  
 SPOUSE (IF JOINT FILING) \_\_\_\_\_  
 CURRENT ADDRESS \_\_\_\_\_  
 CITY, STATE AND ZIP CODE \_\_\_\_\_  
 TELEPHONE \_\_\_\_\_

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  
 PART-YEAR RESIDENT

**\*\*\*Required – Attach your federal return and Forms W-2.\*\*\***

1. Total Qualifying Wages from Page 2, Section A, Column 2 (see reverse side) ..... \$ \_\_\_\_\_
2. Other Income from Page 2, Section B, Line 12 (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% (.025) of Line 3 ..... \$ \_\_\_\_\_
5. CREDITS:
  - A. Oakwood Tax Withheld by Employer..... \$ \_\_\_\_\_
  - B. Tax Paid to Other Cities – from 5B(1) \$ \_\_\_\_\_ x 90% (0.90) = \$ \_\_\_\_\_
  - 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 (15%) \_\_\_\_\_ Interest \_\_\_\_\_ ..... \$ \_\_\_\_\_
8. TOTAL LIABILITY FOR THIS YEAR: Line 6 plus Line 7 (No tax due or refunded if \$10.00 or less) ..... \$ \_\_\_\_\_  
 If Overpayment, A. Transfer to Next Year \$ \_\_\_\_\_ or B. Refund \$ \_\_\_\_\_

**2024 DECLARATION OF ESTIMATED TAX – (COMPLETE IF LINE 6 EXCEEDS \$200.00)**

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 x 90% (0.90) ..... \$ \_\_\_\_\_
  - 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. FIRST QUARTER PAID WITH THIS DECLARATION: Line 11 x 25% (See instructions for additional due dates.)..... \$ \_\_\_\_\_
13. TOTAL DUE: Line 8 plus Line 12 (If Line 8 reflects overpayment, enter amount from Line 12 only)..... \$ \_\_\_\_\_

**Check here if payment was made online**

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**

Column 1	Column 2	Column 3	Column 4
Physical Work Address (May not be W-2 Address)	Wages (Typically Box 5 From W-2)	Oakwood Tax Withheld	Other Work City Tax Withheld (Dayton, etc.)
1			
2			
3			
4			
5 TAX PAID ON INCOME REPORTED IN SECTION B	(ATTACH SUPPORT)		
TOTAL			

TO PAGE 1, LINE 1

TO PAGE 1, LINE 5A

TO PAGE 1, LINE 5B (1)

**SECTION B:**

**INCOME OTHER THAN WAGES**

1. SCHEDULE C – PROFIT OR <LOSS> FROM BUSINESS
  - 1A. NET INCOME OR <LOSS> FROM SCHEDULE C – ..... ATTACH SCHEDULE C 1A \$ \_\_\_\_\_
  - 1B. % ALLOCABLE TO OAKWOOD. RESIDENTS USE 100%;  
NONRESIDENTS FROM SCHEDULE Y (BELOW) ..... 1B \$ \_\_\_\_\_
  - 1C. OAKWOOD INCOME OR <LOSS> (LINE 1A MULTIPLIED BY 1B) ..... 1C \$ \_\_\_\_\_
2. SCHEDULE E – INCOME/<LOSS> FROM RENTS – ..... ATTACH SCHEDULE E 2 \$ \_\_\_\_\_
3. SCHEDULE E – INCOME/<LOSS> FROM TAXABLE ROYALTIES – ..... ATTACH SCHEDULE E 3 \$ \_\_\_\_\_
4. SCHEDULE E – INCOME/<LOSS> FROM PARTNERSHIPS – ..... ATTACH SCHEDULE E 4 \$ \_\_\_\_\_
5. SCHEDULE F – INCOME/<LOSS> FROM FARMING – ..... ATTACH SCHEDULE F 5 \$ \_\_\_\_\_
6. FORM 4797 – ORDINARY GAIN/<LOSS> – ..... ATTACH FORM 4797 6 \$ \_\_\_\_\_
7. OTHER INCOME/<LOSS> – TRUST/ESTATE – ..... ATTACH SCHEDULE E 7 \$ \_\_\_\_\_
8. SUBTOTAL – ADD LINES 1C THROUGH 7 ..... 8 \$ \_\_\_\_\_
9. LESS: NET OPERATING LOSS CARRYOVER – ..... ATTACH SCHEDULE 9 \$ \_\_\_\_\_
10. SUB-TOTAL – LINE 8 LESS LINE 9. IF LESS THAN ZERO, ENTER -0- ..... 10 \$ \_\_\_\_\_
11. OTHER INCOME – COMMISSIONS, TIPS, GAMBLING INCOME, DIRECTOR’S FEE, ETC.  
(DO NOT INCLUDE INTEREST, DIVIDENDS OR CAPITAL GAIN INCOME) ..... 11 \$ \_\_\_\_\_
12. TOTAL – LINE 10 PLUS LINE 11. ENTER ON LINE 2, PAGE 1 ..... 12 \$ \_\_\_\_\_

**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