

CITY OF TALLMADGE INDIVIDUAL INCOME TAX RETURN 2008

P.O. BOX 35
TALLMADGE, OH 44278-0035
PHONE: (330) 633-5599 FAX: (330) 633-8835

www.tallmadge-ohio.org

FILE THIS RETURN WITH THE CITY OF TALLMADGE BY APRIL 15, 2009

Paid Amount \$ _____ Date _____

Your Social Security Number: _____
Spouse's Social Security Number: _____
Telephone Number: _____

NOTE: If your total income is reported on W-2 wages and local tax was correctly withheld at the rate of 2.0%, complete the shaded areas only, sign return at the bottom and attach the W-2 forms. All others see instructions and complete form in its entirety.

If you moved during the year indicate date of move Into Tallmadge ___/___/___
Out of Tallmadge ___/___/___

New address _____

IF MARRIED FILE JOINTLY

Taxpayer 1 Taxpayer 2
() Yes () No () Yes () No
Date Retired ___/___/___ ___/___/___

Indicate here if you are: [] Retired and no taxable income [] Unemployed for the entire year [] Other
[] Under 18 Years of age (attach proof of age) Date of Birth: _____

OFFICE USE ONLY

INCOME

See Instructions and Worksheet Before Proceeding

1A. Wages, Tips, etc. 1A.
1B. Deductions (See Instructions) 1B.
TOTAL (If no other income, enter here and on Line 3) (Line 1A minus 1B) 1. \$
2. Other Income
A. Rental Income (Attach Federal Schedule E) (If Loss - Enter 0) 2A.
B. Business Income (Attach Federal Schedule C or F) (If Loss - Enter 0) 2B.
C. Loss Carry forward (Attach Documentation) (Limit to 1 year Prior to 2004) 2C.
D. Total Rental and Business Income (Line 2A + 2B Rental and Business Income minus 2C) 2D.
E. Miscellaneous Income, ex: Lottery (Attach Documentation) 2E.
TOTAL (LINE 2A + 2D + 2E) 2. \$
3. Net Taxable Income (Total of lines 1 + 2) 3.
4. Tallmadge Income Tax (Line 3 times .02 or 2%) 4.

1A.
1B.
1.
2A.
2B.
2C.
2D.
2E.
2.
3.
4.

CREDITS/PAYMENTS

5A. Tallmadge Income Tax Withheld 5A.
5B. Income Tax withheld and paid to other municipalities (Not to exceed 2% of each W-2 income) 5B.
5. TOTAL (Line 5A + 5B) 5. \$
6. Payments on Declaration of Estimated Taxes as of 12/31/08 6.
7. Credit Carryover from Prior Year's Tax 7.
8. Total Credits (Total of lines 5, 6 & 7) 8. \$

5A.
5B.
5.
6.
7.
8.

BALANCE

9. Tallmadge Income Tax due with this return (Line 4 minus line 8) 9. \$
If Line 9 indicates an overpayment, use an X to indicate where overpayment should be credited (Amounts less than \$5.00 will not be credited, collected or refunded)
2008 Estimate _____ EMS _____ Crime Prevention Fund _____ Refund _____
10. Penalty \$ _____ Interest \$ _____ Late Fee \$25.00 Total Line 10. \$

9.
10.

DECLARATION OF ESTIMATED INCOME TAX FOR YEAR 2009

11. Estimated taxable income for tax year 11.
12. Estimated tax due (multiply line 11 by 2%) (See Instructions) 12.
13. Taxes to be withheld and/or paid to other localities (Limited to 2% per W-2) 13.
14. Balance of estimated tax due (subtract line 13 from 12) If less than \$400.00 Proceed to line 17 and enter 0 14.
15. First quarter of estimated tax payable to City (multiply line 14 by 25%) 15.
16. Prior credit applied to estimated tax payments 16.
17. Net amount due for initial quarterly payment (subtract line 16 from line 15) 17.
18. Total amount due (add lines 9, 10 and 17) Make check payable to City of Tallmadge 18. \$

OFFICE USE ONLY

I certify that I have examined this return including accompanying schedules and statements and to the best of my knowledge believe it is true, correct and complete. If a Tax-preparer completed this return, may we contact them directly with questions regarding this return? Yes No

Signature of Taxpayer Date Social Security Number

Signature of Tax Preparer (if other than Taxpayer)

Signature of Taxpayer Date Social Security Number

Phone Number Date