

CITY OF CUYAHOGA FALLS INCOME TAX RETURN

**YOU MUST FILL OUT THIS FORM
 AND RETURN BY APRIL 18, 2017**

YOUR SOCIAL SECURITY NUMBER
SPOUSE'S SOCIAL SECURITY NUMBER
TELEPHONE NUMBER ()
E-MAIL:

Print
 Name
 and
 Address
 here

If you have moved during the year, indicate the date of your move:
Into Cuyahoga Falls / /
Out of Cuyahoga Falls / /

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.

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

Husband: Date Retired / /
 Wife: Date Retired / /

INCOME	
1. Wages and salaries (attach Federal forms W-2, 1099-misc, and a copy of your entire 2016 Federal return) (use highest dollar amount on W-2s).....	1 \$ _____
2. Other Taxable Income (use Table B if you are a resident and have net profit/loss in multiple municipalities)	
2a. Business Income (attach Schedule C) _____ % allocable to Cuyahoga Falls	2a \$ _____
2b. Rental or Supplemental Income (attach Schedule E)	2b \$ _____
2c. Other income (please provide documentation)	2c \$ _____
2d. Loss carried forward from previous years (include schedule)	2d \$ _____
3. Total other taxable income (add lines 2a, 2b, 2c, subtract line 2d; if amount is less than zero, enter zero)	3 \$ _____
4. Total taxable income before deductions (add lines 1 and 3)	4 \$ _____
5. Deductions (from line 31 on back of this return)	5 \$ _____
6. Cuyahoga Falls taxable income (subtract line 5 from line 4)	6 \$ _____

TAX AND CREDITS	
7. Cuyahoga Falls tax due before credits (multiply line 6 by 2.0%)	7 \$ _____
8. Refunds received in the tax year shown above, from other localities	8 \$ _____
9. Current tax due (add lines 7 & 8)	9 \$ _____
10. Taxes withheld and paid to Cuyahoga Falls (total of column 2 from Worksheet Table)	10 \$ _____
11. Taxes withheld and paid to other localities (total of column 3 from Worksheet Table)	11 \$ _____
12. Estimated tax payments made to Cuyahoga Falls..... As of _____ \$ _____	12 \$ _____
13. Income tax credit carried forward from prior years	13 \$ _____
14. Total credits (add lines 10, 11, 12 and 13)	14 \$ _____

OVERPAYMENT	
(Only amounts greater than \$10.00 can be credited to next years tax liability or refunded)	
15. If line 14 is greater than line 9 , enter the difference, which is amount of overpayment.....	15 \$ _____
16. Amount of line 15 to be credited to next year's estimated tax liability (enter here and on line 25)	16 \$ _____
17. Amount to be refunded (subtract line 16 from line 15) Proceed to line 20	17 \$ _____

AMOUNT PAYABLE TO CITY	
18. If line 9 is greater than line 14 , enter the difference, which is the balance due for the current tax year	18 \$ _____
19. Penalty and Interest (from line 34 on back of return)	19 \$ _____

DECLARATION OF ESTIMATED INCOME TAX	
(An estimate must be declared if you are going to owe \$200 or more for tax year 2017)	
20. Estimated taxable income for tax year 2017	20 \$ _____
21. Estimated tax due (multiply line 20 by 2.0%)	21 \$ _____
22. Taxes to be withheld and paid to Cuyahoga Falls and other localities	22 \$ _____
23. Balance of estimated tax due (subtract line 22 from line 21)	23 \$ _____
24. First quarter of estimated tax payable to City (multiply line 23 by 25%)	24 \$ _____
25. Prior credit applied to estimated tax payments (line 16)	25 \$ _____
26. Net amount due for initial quarterly payment (subtract line 25 from line 24)	26 \$ _____
27. Total amount due (add lines 18, 19 and 26) Make check payable to CITY OF CUYAHOGA FALLS	27 \$ _____

The undersigned declares this to be a true, correct, and complete return of Cuyahoga Falls Income Tax for the period stated

Signature _____ Date _____
 Spouse's Signature _____ Date _____
 Tax Preparer's Signature (If other than taxpayer) _____
 _____ Date _____ Phone _____

Pay by Credit Card – Mastercard / Visa / Discover

THERE IS A PROCESSING FEE OF 2.75% OF THE TRANSACTION AMOUNT

Account Number _____
 Exp. Date _____ Security Code _____
 Amount Paid \$ _____
 Signature _____

I authorize the Cuyahoga Falls Income Tax Division to discuss my account and enclosures with my preparer (above) Initials

a Control number		Copy for State, City or Local Tax Department					
b Employer identification number		1 Wages, tips, other compensation 50,000.00	2 Federal income tax withheld 5,000.00				
c Employer's name, address, and ZIP code		3 Social security wages 55,000.00	4 Social security tax withheld 3,410.00				
		5 Medicare wages and tips 55,000.00	6 Medicare tax withheld 797.50				
		7 Social security tips	8 Allocated tips				
d Employee's social security number		9 Advance EIC payment		10 Dependent care benefits			
e Employee's name, address, and ZIP code		11 Nonqualified plans		12a			
		13 Salaried employees <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b			
		14 Other		12c			
				12d			
15 State	Employer's state ID number	16 State wages, tips, etc. 55,000.00	17 State income tax 1,750.00	18 Local wages, tips, etc. 55,000.00	19 Local income tax 1,100.00	20 Locality name CUY FALLS	

Highlighted areas are possible locations for the highest amount of gross wages on W-2s.
The arrow indicates the box in which local income tax withheld will be located on your W-2.

(Box 19)



WORKSHEET TABLE

Number of W-2 and 1099 forms attached: _____

Date wages were earned (Month/Day)		Print Employer's Name	Locality Where Employed*	COLUMN 1	COLUMN 2	COLUMN 3
From	To			Gross Income (Largest figure on W-2)	Cuyahoga Falls Tax Withheld	Tax Paid to Other Localities* (not to exceed 2% of gross income)
/	/					
/	/					
/	/					
/	/					
/	/					
/	/					
/	/					
/	/					
			TOTALS:	\$	\$	\$

* Including JEDD

DEDUCTIONS

- 28. Cuyahoga Falls wages and salaries earned while under the age of 18 (please provide proof of age i.e. a birth certificate or state issued ID) 28 \$ _____
- 29. Non-resident deductions (please provide calculations) 29 \$ _____
- 30. Employment expense (attach Form 2106 and Schedule A) 30 \$ _____
- 31. Total deductions (add lines 28, 29 and 30) Enter here and on line 5 on front of return 31 \$ _____

PENALTY AND INTEREST

- 32 a. Penalty: Failure to file a tax return by the due date indicated on the front of the return. 32a \$ _____
- 32 b. Penalty: Non Payment of estimated tax (see instructions) 32b \$ _____
- 32 c. Late Payment Penalty (see instructions) 32c \$ _____
- 33. Interest: (see instructions)..... 33 \$ _____
- 34. Total penalty and interest: Add lines 32a, 32b, 32c and 33 (enter here and on line 19 on front of return) 34 \$ _____

TABLE B: RESIDENT NET OPERATING LOSS (NOL) CONSOLIDATED TAX CALCULATION SCHEDULE

For use by individuals with net profit/distributive share income sourced in multiple municipalities with current and/or prior year losses.

Attach all copies of Federal Schedules and Non-Cuyahoga Falls Municipal Tax returns

	Column 1 profit/loss in Cuyahoga Falls	Column 2 Earned in	Column 3 Earned in	Column 4 Earned in	Column 5 Earned in	Column 6 Earned in	Column 7 Totals
Enter Tax Rate for Municipalities listed in Columns 2-6	2%						
1 Net Operating Loss (NOL) Carryforward from 2015							
a Net Operating Loss (NOL) Carryforward from 2014							
b Net Operating Loss (NOL) Carryforward from 2013							
c Net Operating Loss (NOL) Carryforward from 2012							
d Net Operating Loss (NOL) Carryforward from 2011							
2 Total Prior Year Net Operating Loss (NOL) for Cuyahoga Falls (total of row 1 a-d above)							
3 Federal Schedule C Income (Loss)							
a Federal Schedule E Income (Loss)							
b Federal Schedule E pg 2, K-1 Income (Loss)							
c Other taxable non-wage Income							
4 TOTAL INCOME/LOSS: Add rows 3, a, b and c. Enter result here.							
5 Prior year NOL (row 2) Enter as a negative							
6 Add rows 4 and 5.							
7 If row 6 is a positive amount enter here.							
8 Total all the postive amounts in row 7 and enter here							*
9 Percentage of total positive net profits (Divide each amount in row 7 by the total of all net profits in row 8)							
10 Current net (loss) totals (add the total of all losses contained on row 4)							
11 If (loss) contained on row 10 exceeds profit on row 8, STOP and enter 0 on Page 1, Line 3							
12 Allowable (loss) based on percentage calculation (multiply row 10 by row 9 percentages)							
13 Net profit after (loss) application (Take positive amounts in row 7 and subtract allowable loss-row 12)							
14 Multiply row 13 net profit by 2%							
15 Enter amount of taxes paid to other municipalities (Proof of taxes paid must be attached to return)							
16 If row 14 is greater than row 15 subtract and enter the difference here, if not enter -0-							
17 Tax due (add row 14 column 1 and row 16 column 2-6) place this amount on line 7 on the front of the tax return							