

NR

Enter Year \_\_\_\_\_

**Part 1 - Account Information**

Account Name \_\_\_\_\_ SSN \_\_\_\_\_ Spouse \_\_\_\_\_

Resident Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

*This form is to be used by individuals who did not live in the City of Newark and are reporting income tax was earned in the City and not subject to withholding tax. If you moved out of Newark please use form LF.*

**Part 2 - Taxable Income & Tax Calculation**

*Round to the nearest whole dollar - do not enter cents*

**A - W-2 Income**

1 Enter wages from W-2s \_\_\_\_\_  
*Include only wages earned in Newark not subject to withholding*

**Taxable wages (From line 1)** **2**

**B - Miscellaneous Income**

3 Tips (not included on W-2) \_\_\_\_\_

4 Work-related bonuses/awards \_\_\_\_\_

5 Covenant not to compete \_\_\_\_\_

6 Other - attach explanation \_\_\_\_\_

**Total miscellaneous income (add 3 - 6)** **7**

**C - Income from Schedules**

8 Schedule C \_\_\_\_\_

9 Schedule E \_\_\_\_\_

10 1099 - Misc \_\_\_\_\_

11 Other - attach documentation \_\_\_\_\_

**Total of schedules (add 8 - 12) if loss enter 0** **12**

**Newark Taxable Income (Box 2 + Box 7 + Box 12)** **13**

**Newark Tax (Box 13 X 0.0175)** **14**

*Continue on back*

**Part 3 - Credit Calculation**

Newark Tax ( Bring forward from Box 14) 15

**A - Withheld Tax/Other Credits**

16 Newark tax withheld on W-2s \_\_\_\_\_

**Total credits - from line 16** 17

**Newark Tax after credits (Box 15 - Box 17)** 18

**B - Estimated Tax Payments**

19 Estimated tax payments \_\_\_\_\_

20 Taxes carried forward from a prior year \_\_\_\_\_

**Total estimated tax payments (add 19 + 20)** 21

**Part 4 - Payment/Overpayment Information**

**Tax Payment Due (Box 18 less Box 21)** 22

*If Box 22 is less than \$10.01 - no payment due*

**Make checks payable to Newark City Income Tax**

**Overpayment (indicate how to apply below)** 23

*If Box 23 is less than \$10.01 - no credit or refund*

Credit Account \_\_\_\_\_ Refund \_\_\_\_\_

I hereby declare that the information stated above is true, correct and complete.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Preparer (if different from taxpayer) \_\_\_\_\_ Date \_\_\_\_\_

May we contact this preparer?  
(Circle) Yes No

**Mail to:**

Newark City Tax Office  
PO Box 4577  
Newark, OH 43058-4577



**Questions?**

740-670-7580 phone  
740-670-7581 fax  
citytax@newarkohio.net