	Part 1 - Account Info	rmation		
nt	SSN 2	XXX-XX-	XXX	X-XX
		_		
nt				
S				
s	-			
	Ema	nil		
	Filing Status	-		
	Single		Married filing s	eparately
	Married filing jointly		Head of House	
	Part 2 - Taxable Income & Taxable Income			5
	A - W-2 Income	е		
	Enter wages from W-2s			
	Adjustments from Worksheet	-		
	Taxable wages (line 1 less line 2)		3	
	If you have no other income to rep	port, skip t	o Box 18	
	B - Miscellaneous Ir	ncome		
	Gambling/lottery winnings			
	Tips (not included on W-2)			
	Work-related bonus/award			
	Covenant not to compete Executor/Executrix fees			
	Other - attach explanation			
	·		40	
	Total miscellaneous income (add 4 - 9) If you have no other income to rep	nort skip t	10 Poy 19	
	·	•	O BOX 10	
	C - Income from Sch	edules		
	Schedule C Schedule E			
	Partnership/S-Corp Income			
	Ordinary Gains			
	1099 - Misc			
	Other - attach documentation			
	Total of schedules (add 11 - 16) if loss ente	r 0	17	
ζ Τ	axable Income (Box 3 + Box 10 + Box 17)	ſ	18	
			.0	
۲ ۲	ax (Box 18 X 0.0175)		19	

Continue on back

Part 3 - Credit Calculation

newark	Tax (Bring forward from Box 19)		20		
	A - Withheld Tax/O	ther Credits			
21	Newark tax withheld on W-2s				
22	Other city credit (see instructions)				
23	Partnership/S-Corp tax payments				
20				1	
	Total credits (add 21 - 23)		24		
Newark	Tax after credits (Box 20 - Box 24)		25		
If Box 2	25 is \$200 or more, see instructions for impor be required to file an Estil		-	g your tax.	You may
	B - Estimated Tax	c Payments			
2	26 Estimated tax payments				
	27 Taxes carried forward from a prior year				
	Total estimated tax payments (add 26 +	27)	28		
	Part 4 - Payment/Overpa	yment Inforn	nation		
Tax Pay	ment Due (Box 25 less Box 28)	Г	29		
•	For years 2015 and prior: if Box 29 is	less than \$5 -	no pavme	nt due	
	For years 2016 and later: if Box 29 is le				
	•				
	Make checks payable to: Ne	wark City Inc	ome Tax		
		_			
Overpay	ment (indicate how to apply below)		30		
	For years 2015 and prior: if Box 30 is I	ess than \$5 - n	no credit oi	r refund	
	For years 2016 and later: if Box 30 is les	s than \$10.01 -	no credit	or refund.	
	Credit Account	F	Refund		
	I hereby declare that the information stated	above is true,	correct an	d complete.	
Signatur	e Date	Signature			Date
			N4		
Signatur	e of Preparer (if different from taxpayer)	Date	(Circle)	contact this Yes	preparer?
Olgriatur	e of Freparer (if unferent from taxpayer)	Date	(Ontoic)	103	140
Mail to	<i>:</i>	AND OF LEGER	Ques	tions?	
				70-7580 ph	one
	City Tax Office		740-67	70-7581 fax	(
PO Box		TO AND FUTUR	citytax	@newarkoh	io.net
Newark	, OH 43058-4577	AD 1			

Worksheet A - Wage Adjustment

See Worksheet A Instructions for assistance with this form. If you need to complete this form, we strongly encourage you to call for an appointment for our staff to assist you.

Part 1 - Moved in or out of Newark

		Α	В	С	D	Е	F	G	
W-2	Box b EIN	W-2 Wage	Newark Wage	A - B	# Mo Worked	C ÷ D	# Mo Lived out of Newark	E×F	
1									
2									
3									
4									
5									
	Total Adjustment								

Part 2 - You turned 18

_		Α	В	С	D	Е		
W-2	Box b EIN	W-2 Wage	# Mo Worked	A ÷ B	# Mo Under 18	C×D		
1								
2								
3								
4								
5								
	Total Adjustment							

Part 3 - 2106 Unreimbursed Employee Business Expenses

		Α	В
W-2	Box b	W-2	Line 10
VV-∠	EIN	Wage	of 2106
1			
2			
3			
4			
5			

Warning: If Line 4 is the only deduction on your 2106, do not adjust your wages.

Note: If you pay taxes to another city, you will need to adjust the wages taxed by the other city by your 2106 adjustment on Worksheet C.

Please attach a copy of this worksheet to your Return.

Worksheet B - Other City Loss Calculation

Step 1 - Loss Adjustment

	Α	В	С
City Name	Loss Reported on Sch E		Allowable Loss
		0.5714	
		0.5714	
		0.5714	
		0.5714	
		0.5714	
		0.5714	
		0.5714	
		0.5714	
		0.5714	
		0.5714	
Allowable other city loss -	enter in Box	D below	

Step 2 - Schedule E Income

		Gain/Loss
Α	Net gain or loss from income/rentals in Newark	
В	Net gain or loss from income/rentals outside any city	
С	Net gain from income/rentals in other city	
D	Net allowable city loss from above	
Е	Enter this amount on Line 12 on Return	

Please attach a copy of this completed worksheet to your return.

Worksheet C - Other City Credit

Section 1 - Other City Tax Return Credit

If Box 17 of your return is a loss or less than the income taxed on the other city return, do not complete this section. Please contact our office for assistance.

	Name of city	Tax paid	Income taxed				
1							
2							
3							
4							
5							
	Total income taxed by other city						
		Multiply	x 0.01				
В	Credit for filing with o	other cities					

Section 2 - W-2 Credit
If you had 2016 Expenses, enter your W-2 in Section 3.

		Α	В	С	D	E
City	Box b EIN	Box 18 Wages	Worksheet B G or E	A - B		CxD
1					0.01	
2					0.01	
3					0.01	
4					0.01	
5					0.01	
Α		W-2 cred	other city			

Worksheet C - Other City Credit

Section 3 - W-2 with 2106 Expenses

		Α	В	С	D	E	F
	Box b EIN	Other city wage	Box 5 Wage	A ÷ B	2106 Line 10	CxD	A - E
1							
2							
3							
4							
5							
	Total other city wages						
							x 0.01
С	Other city credit after 2106 Expenses						

D		
	Total other city credit (Box A + Box B + Box C)	

Please attach the following to your return:

- 1. A copy of this worksheet
- 2. Copies of W-2s showing other city taxes withheld
- 3. Any listing of other city taxes withheld from your employer
- 4. Copies of any other city tax returns filed