

CITY OF KENTON, OHIO
INCOME TAX DEPARTMENT P.O. BOX 220 KENTON, OHIO 43326
INCOME TAX RETURN
FILE BY APRIL 30TH

CASH [] CHECK [] M.O. []

PAID WITH THIS RETURN

\$ _____

Check your status as a taxpayer:

- Resident Full Year [] Part Year []
Non-Resident []
Proprietor [] Corporation []
Partner [] Partnership []
Professional [] Rental []

FOR THE CALENDAR YEAR _____

IF PARTIAL YEAR OR FISCAL PERIOD
GIVE DATES: _____ THRU _____

Cashier's Validation

If Name or Address is Incorrect, Make Necessary Changes

Social Security No

Business give Fed I.D. No

If Moved During Year Of This Return Give Date Of Move

INTO CITY

OUT OF CITY

Must submit W-2's. To avoid proceedings, file return or contact office though no taxable income. Persons under 18 exempt. Interest and dividends exempt.

Any taxpayer attaching a copy of their Fed. Return or Schedules, where applicable, need not complete Page 2 (except Schedule Y when line 5B of Page 1 is used).

A. Enter Gross Wages, Salaries, Bonuses, Commissions, VACATION PAY, SICK LEAVE PAY, and Other Compensation received before Deductions. If this is your only source of income, disregard Lines 2 thru 5b and enter total wages on Line 1 and Line 6.

Table with 5 columns: EMPLOYER'S NAME, WHERE EMPLOYED (City and State), TAX PAID TO OTHER CITIES, KENTON TAX WITHHELD, GROSS WAGES

- 1. TOTAL: If no other taxable income enter wages here and Line 6
2. INCOME OTHER THAN WAGES FROM PAGE 2
3. TOTAL INCOME (Total Lines 1 and 2, as per Federal Return)
4a. ITEMS NOT DEDUCTIBLE (From Line m Schedule X Page 2) Add
4b. ITEMS NOT TAXABLE (From Line z Schedule X Page 2) Deduct
5a. ADJUSTED NET INCOME (Line 3, plus Excess Debit or less Excess Credit from Line 4a or 4b)
5b. AMOUNT ALLOCABLE TO KENTON IF SCHEDULE Y, PAGE 2 IS USED % of Line 5a
5c. LESS ALLOCABLE NET LOSS PER PREVIOUS KENTON INCOME TAX RETURN
6. AMOUNT SUBJECT TO KENTON CITY INCOME TAX (Line 1 or 5a, or 5b)
7. KENTON CITY INCOME TAX, Line 6 (1.5%)
8. KENTON CITY INCOME TAX WITHHELD BY EMPLOYER(S)
9. PAYMENTS AND CREDITS ON DECLARATION OF ESTIMATED TAX
10. EARNED INCOME TAXES PAID TO OTHER CITIES
11. TOTAL CREDITS (Add Lines 8, 9 and 10)
12. BALANCE OF TAX DUE (Line 7 less Line 11)
13. OVERPAYMENT CLAIMED (If Line 11 exceeds Line 7)
14. PENALTY INTEREST
15. AMOUNT DUE - ATTACH CHECK OR M.O. FOR FULL AMOUNT DUE

The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated and that the figures used herein are the same as used for Federal Tax purposes.

Signature of Taxpayer

Date

Signature of Person Preparing, if Other than Taxpayer

Date

Address or Name and Address of Firm or Employer