



2017 INCOME TAX RETURN

DUE ON OR BEFORE APRIL 17, 2018

INCOME TAX DEPARTMENT (614) 901-6420
P.O. BOX 130 WESTERVILLE, OHIO 43086-0130

FOR TAX USE ONLY
AMOUNT PAID WITH THIS RETURN

CHECK CASH MONEY ORDER
CHECK NO. _____

YOUR SOCIAL SECURITY # _____		SPOUSE SOCIAL SECURITY # _____		RESIDENCY AND EMPLOYMENT INFORMATION	
WESTERVILLE TAX I.D. _____					
Name, Address and Email: Indicate change(s) by checking Name Address Email Effective Date:				PART YEAR RESIDENT FROM _____ TO _____	
CHECK ONLY ONE FILING STATUS				NAME OF EMPLOYER _____	
<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED FILING JOINTLY <input type="checkbox"/> MARRIED FILING SEPARATELY				CITY WHERE WORK PERFORMED _____	
LIST OTHER PERSONS, 18 YEARS OR OLDER, LIVING IN RESIDENCE				DATES EMPLOYED _____	
Name Date of Birth Social Security Number				NAME OF EMPLOYER _____	
				CITY WHERE WORK PERFORMED _____	
				DATES EMPLOYED _____	
				DO YOU OWN RENTAL PROPERTY? YES _____ NO _____	
				IF RENTING RESIDENCE, GIVE NAME AND ADDRESS OF PROPERTY OWNER _____	

COMPLETE THIS SECTION IF ONLY INCOME IN 2017 WAS NON-TAXABLE. SEE INSTRUCTION

INFORMATIONAL FILING

CHECK BOX FOR THE TYPE OF NON-TAXABLE INCOME:

RETIRED - SOCIAL SECURITY / PENSION INTEREST / DIVIDENDS
 RESERVE / ACTIVE MILITARY PAY UNEMPLOYMENT PERMANENT DISABILITY ADC OTHER _____

NOTE: IF YOU HAD NO OTHER SOURCES OF INCOME IN 2017 - STOP HERE, SIGN, DATE AND MAIL YOUR RETURN

OFFICE COPY ATTACH W-2 FORMS TO BACK	1. TOTAL W-2 WAGES (Use W-2 box 5 or box 18, whichever is higher) ATTACH ALL W-2s	\$ _____
	2A. OTHER TAXABLE INCOME FROM PAGE 2, LINE 16. (Attach Federal Schedule or 1099-M)	\$ _____
	2B. ADJUSTMENTS TO TAXABLE WAGES FROM PAGE 2, LINES 18-21	\$ _____
	3. TAXABLE INCOME (Line 1 plus Line 2A minus 2B)	\$ _____
	4. WESTERVILLE INCOME TAX (Multiply line 3 by .0200)	\$ _____
	5. CREDITS	
	A. TAX WITHHELD BY EMPLOYER FOR WESTERVILLE	\$ _____
	B. 2017 CREDIT FOR TAX PAID OTHER CITIES (FROM LINE 17, SCHEDULE ON BACK) Residents Only	\$ _____
	C. 2017 ESTIMATED TAX PAID AND PRIOR YEAR CREDITS AS OF	\$ _____
	D. PAYMENTS MADE AFTER ABOVE DATES	\$ _____
E. TOTAL CREDITS (Add 5A through 5D)	\$ _____	
6. IF LINE 4 IS GREATER THAN LINE 5E, PAYMENT OF BALANCE MUST ACCOMPANY THIS RETURN	2017 BALANCE DUE \$ _____	
7. IF LINE 5E IS GREATER THAN LINE 4, OVERPAYMENT TO BE REFUNDED \$ (A) _____ OR CREDITED \$ (B) _____ TO NEXT YEAR ESTIMATE (IF LINE 6 OR 7 IS EQUAL OR LESS THAN \$10.00, NO PAYMENT DUE, NO REFUND ISSUED OR CREDIT CARRY FORWARD)		
PENALTY (15%) \$ _____ INTEREST (.50% per month) \$ _____		

DECLARATION OF ESTIMATED TAX FOR YEAR 2018

CLIP CHECK OR MONEY ORDER HERE	8. TOTAL INCOME SUBJECT TO TAX \$ _____ MULTIPLY BY TAX RATE OF 2.00% FOR GROSS TAX OF	\$ _____
	9. LESS EXPECTED TAX CREDITS	
	A. WESTERVILLE TAX TO BE WITHHELD AND/OR CREDITS FOR TAX PAID OTHER CITIES	\$ _____
	10. DECLARATION FOR 2018 (LINE 8 LESS LINE 9a)	\$ _____
	11. LESS OVERPAYMENT FROM PRIOR YEAR(S)	\$ _____
	12. NET TAX DUE (LINE 10 LESS LINE 11)	\$ _____
13. AMOUNT PAID WITH THIS DECLARATION (NOT LESS THAN 25% OF LINE 13)	2018 1st Qtr. Due \$ _____	
14. TOTAL DUE (LINE 6 PLUS 13)	Remit Payment Total \$ _____	

I CERTIFY THAT I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENT(S) AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS TRUE, CORRECT AND COMPLETE. MAY CITY OF WESTERVILLE DISCUSS THIS RETURN WITH PREPARER SHOWN BELOW? YES _____ NO _____

Signature of Person Preparing if Other Than Taxpayer _____	Date _____	Signature of Taxpayer _____	Date _____
Print Name of Person Preparing if Other Than Taxpayer _____	Date _____	Signature of Spouse _____	Date _____
Daytime Phone # _____	Email Address _____	Daytime Phone # _____	Email Address _____

16. OTHER TAXABLE INCOME

- A. PROFIT/LOSS FROM ANY BUSINESS OWNED (ATTACH FEDERAL SCHEDULE C)
 - B. PROFIT/LOSS FROM ANY RENTAL INCOME AND/OR FARM INCOME (ATTACH FEDERAL SCHEDULE E OR F)
 - C. PROFIT/LOSS FROM NON-WESTERVILLE PARTNERSHIP (ATTACH FEDERAL SCHEDULE E)
 - D. OTHER INCOME (EXPLAIN SOURCE).....
- REPORT TOTAL PROFITS ONLY HERE AND ON PAGE 1, LINE 2A.....

PROFIT	LOSS

IMPORTANT: LOSSES FROM ONE BUSINESS ACTIVITY CANNOT OFFSET PROFIT FROM UNRELATED BUSINESS ACTIVITY. LOSSES MAY BE CARRIED FORWARD A MAXIMUM OF 5 YEARS TO OFFSET FUTURE PROFIT(S) ON THE SAME BUSINESS ACTIVITY (2017 -2021 LIMITED TO 50%).

17. SCHEDULE BELOW – CREDIT ALLOWABLE FOR WESTERVILLE RESIDENTS, LIMITED TO OUR 2.0% RATE. IF TAX RATE OF WORK CITY IS GREATER THAN 2.0%, CREDIT IS CALCULATED BY **MULTIPLYING WAGES BY 2.0%**. YOU MUST TAKE EACH W-2 AND COMPUTE CREDIT INDIVIDUALLY, THEN INSERT THE TOTAL TAX CREDIT ON LINE 5B. USE BELOW WESTERVILLE SCHEDULE TO COMPUTE CREDIT.

EXAMPLES:

On an income of \$10,000.00 earned in a city with a 2.50% earnings tax rate, the employer should withhold \$250.00. The maximum allowable credit for WESTERVILLE in this case would be \$ 200.00 **NOT** \$ 250.00. Westerville tax rate is 2.0%.

On an income of \$10,000.00 earned in a city with a 1.00% earnings tax rate, the employer should withhold \$100.00. The maximum allowable credit for WESTERVILLE in this case would be \$ 100.00.

CREDIT FOR TAX PAID TO OTHER MUNICIPALITIES. PART-YEAR RESIDENTS MUST PRORATE CREDIT ON THE SAME BASIS AS PRORATED INCOME. ATTACH ALL W-2s AND/OR OTHER CITY RETURN TO SUPPORT TAXABLE INCOME AND TAX PAID. A REFUND OF TAX FROM ANOTHER CITY AND/OR APPLICABLE 2106 EXPENSES MUST REDUCE INCOME IN CALCULATION OF CREDIT.

(A) MUNICIPALITY	(B) INCOME/WAGES TAXES BY OTHER CITY	(C) COLUMN (B) X .0200	(D) OTHER CITY TAX WITHHELD OR PAID	(E) COLUMN(D) LIMITED TO 2.0%	(F) LESSER OF (C) OR (E)

TOTAL COLUMN F. ENTER HERE AND CARRY TO LINE 5B ON FRONT.....TOTAL _____

ADJUSTMENTS TO TAXABLE WAGES

18. EMPLOYEE BUSINESS EXPENSES FROM FEDERAL FORM 2106.

ATTACH COPY OF THE 2106 AND FEDERAL SCHEDULE A (SEE INSTRUCTIONS).

ENTER AMOUNT ON LINE 2B ON FRONT OF FORM..... \$ _____

19. ENTER AMOUNT OF INCOME ON WHICH WESTERVILLE CITY TAX WAS IMPROPERLY WITHHELD. (ATTACH DOCUMENTATION)

ENTER AMOUNT ON LINE 2B ON FRONT OF FORM..... \$ _____

COMPLETE EMPLOYER CERTIFICATION BELOW.

20. IF YOU WERE A NONRESIDENT OVER-THE-ROAD TRUCK DRIVER, MULTIPLY YOUR TOTAL WAGES BY 10% (.10). (ATTACH DOCUMENTATION)

ENTER AMOUNT ON LINE 3 (TAXABLE INCOME) ON FRONT OF FORM..... \$ _____

COMPLETE EMPLOYER CERTIFICATION BELOW.

If you were a nonresident employee who worked part of the year outside the city for which your employer withheld city tax complete Lines 21 through 31. **Attach a list of the dates and locations worked out** See instructions.

21. Enter the total number of vacation days taken during the entire year..... _____

22. Enter the total number of holidays for the entire year..... _____

23. Enter the total number of sick leave days taken during the entire year..... _____

24. Add Lines 21 through 23..... _____

25. Subtract line 24 from 260 (total workdays in a year) (see instructions) _____

26. Enter your total wages for this job for the year..... \$ _____

27. Enter the amount of 2106 expenses related to this income. **Attach a copy** of the 2106 & Fed Sch A \$ _____

28. Subtract Line 27 from 26. If less than zero, enter zero..... \$ _____

29. Divide Line 28 by the number of days shown on Line 25..... \$ _____

30. Enter the number of days worked in the city (Line 25 less total days worked out) _____

31. Multiply Line 29 by Line 30. List the figure in Part A of Page 1 along with any other taxable wages you or your spouse earned..... \$ _____

Complete Certification by Employer below

CERTIFICATION BY EMPLOYER REGARDING ADJUSTMENTS TO TAXABLE WAGES

EMPLOYER CERTIFICATION IS REQUIRED TO CLAIM ADJUSTMENTS ON LINES 19 THROUGH 21 ABOVE. YOUR REQUEST FOR REFUND WILL NOT BE CONSIDERED VALID WITHOUT A COMPLETED EMPLOYER CERTIFICATION. A SEPARATE CERTIFICATION IS REQUIRED FOR EACH JOB FOR WHICH YOU ARE CLAIMING ADJUSTMENTS ON LINES 19 THROUGH 21 ABOVE.

I/WE CERTIFY THAT THE EMPLOYEE REFERENCED ON THIS FORM WAS EMPLOYED BY THE UNDERSIGNED DURING THE YEAR REFERENCED ON THIS TAX RETURN; THAT THE EMPLOYEE WAS EITHER NOT WORKING INSIDE THE CORPORATE LIMITS OF THE CITY OR CITY TAX WAS IMPROPERLY WITHHELD; THAT NO PORTION OF THE TAX WITHHELD HAS BEEN OR WILL BE REFUNDED TO THE EMPLOYEE; AND THAT NO ADJUSTMENT HAS BEEN OR WILL BE MADE IN REMITTING TAXES WITHHELD TO THE CITY.

NAME OF EMPLOYER	EMPLOYER'S PHONE NO. ()	DATE
OFFICIAL'S SIGNATURE	OFFICIAL'S NAME PRINTED	
	TITLE	