

CITY OF LORAIN

605 WEST 4TH ST, LORAIN, OH 44052-1605
 DUE DATE APRIL 15th

FISCAL YEAR FILERS MUST FILE ON OR BEFORE THE 15TH DAY OF
 THE FOURTH MONTH AFTER THE CLOSE OF THAT FISCAL YEAR.

2011

OR
 FISCAL PERIOD _____ TO _____

INCOME TAX DEPARTMENT
 (440) 204-1002 FAX (440) 204-1006
 www.cityoflorain.org
 If under 18 - Attach proof of age

FOR INCOME TAX DEPARTMENT USE ONLY

NO EARNED INCOME

Exemption Certificate on back of form Must be completed

IF YOU MOVED DURING THE TAX YEAR, COMPLETE THIS BLOCK

Date moved into Lorain _____

Previous Address _____

Date moved out of Lorain _____

Present Address _____

YOUR NAME AND ADDRESS AS THEY APPEAR ON OUR RECORDS:
 MAKE NECESSARY CORRECTIONS

Email Address _____ Phone# _____

Your Social Security No. or Federal ID _____ Spouse's Social Security No. _____

W-2 WORKSHEET

SEE INSTRUCTIONS BEFORE COMPLETING

COLUMN 1 COLUMN 2 COLUMN 3 COLUMN 4 COLUMN 5

Date wages were Earned (Month/Day) From To	CITY WHERE EMPLOYED	GROSS WAGES—HIGHEST WAGE ON W-2	2106 EXPENSES, REDUCES CREDIT ALLOWED IN COL. 5	LORAIN TAX WITHHELD	OTHER CITY TAX WITHHELD LIMIT 2% OF COL. 2 MINUS COL. 3
/ /					
/ /					
/ /					
/ /					
TOTALS					

W-2 COPIES MUST BE ATTACHED

ATTACH A COPY OF 1040 (1ST PG. ONLY), ALL APPLICABLE W-2S, FEDERAL SCHEDULES, EXPLANATIONS ETC.

INCOME	1. Total W-2 wages from column 2	1	\$
	2. 2106 Expenses from column 3, Sch. A & Form 2106 Must Be Attached	2	\$
	3. TAXABLE WAGES. SUBTRACT LINE 2 FROM LINE 1	3	\$
	4. Other income. From schedule C, E or H on reverse	4	\$
	5. TOTAL LORAIN INCOME. ADD LINE 3 AND 4	5	\$
	6. LORAIN INCOME TAX. MULTIPLY LINE 5 BY 2% (.02)	6	\$
TAX WITHHELD, PAYMENTS AND CREDITS	7. Lorain income tax withheld from column 4	7	\$
	8. Prior year credits	8	\$
	9. Estimated payments	9	\$
	10. Credit for taxes withheld to other cities from column 5	10	\$
	11. TOTAL PAYMENT AND CREDITS. ADD LINES 7 THROUGH 10	11	\$
BALANCE DUE, REFUND OR CREDIT	12. BALANCE DUE. If line 6 is more than 11, enter balance due here	12	\$
	13. Late Filing Penalty. \$25, plus 10% of balance due (If paid after April 15 th)	13	\$
	14. Interest. 1.0% per month, if applicable	14	\$
	15. TOTAL DUE. Add lines 12 through 14. Carry to line 25 below (No tax due if less than \$2.01)	15	\$
	16. OVERPAYMENT. If line 6 is less than line 11, enter overpayment here	16	\$
	17. AMOUNT FROM LINE 16 TO BE REFUNDED (No refund if less than \$2.01)	17	\$
	18. AMOUNT FROM LINE 16 TO BE CREDITED TO NEXT YEAR	18	\$

DECLARATION OF ESTIMATED TAX FOR 2012 (MANDATORY - When tax due is \$100.00 or more)

ESTIMATE FOR NEXT YEAR	19. Total estimated income subject to tax \$ _____ Multiply by tax rate of 2% (.02)	19	\$
	20. Subtract tax to be withheld or paid to other cities (limit 2% of wages)	20	\$
	21. Balance of city income tax declared. Subtract line 20 from line 19	21	\$
	22. Tax due before credits. Enter at least 25% of line 21	22	\$
	23. Less credits. Enter line 18 from above	23	\$
TAX DUE	24. Net estimated tax due. Subtract line 23 from line 22	24	\$
	25. Enter balance due from line 15 above (No tax due if less than \$2.00)	25	\$
	26. TOTAL TAX DUE ADD LINES 24 & 25. PLEASE MAKE CHECK PAYABLE TO LORAIN INCOME TAX DEPT.	26	\$

If this return was prepared by a tax practitioner, check here if we may NOT contact him/her directly with questions regarding the preparation of this return.

The undersigned declares that this return (and accompanying schedule) 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 Income Tax purposes.

SIGNATURE OF PREPARER, IF OTHER THAN TAXPAYER

DATE

SIGNATURE OF TAXPAYER

DATE

SIGNATURE OF SPOUSE

DATE

SCHEDULE C
PROFIT OR LOSS FROM BUSINESS OR PROFESSION
 Attach Federal Schedules, (If taxes paid to other cities, attach other cities' returns.)

Business Name	Business Address	
1. Net Profit or Loss		\$
2. Add Items not Deductible		
3. Deduct Items not Taxable		()
4. Adjusted Net Profit or Loss		\$
5. Schedule Y _____ % allocable to Lorain from Schedule Y Step 5		
6. Less allocable net loss carry-forward 5 year limit Attach NOL Schedule		
7. Net Profit or Loss (NET PROFIT ONLY, enter on Line 4, page 1)		\$

{For Corporate Entities Only - see Schedule X at [www. cityoflorain.org/treasurer/forms](http://www.cityoflorain.org/treasurer/forms)}

SCHEDULE E - PROFIT OR LOSS FROM RENTS
 Addresses of properties must be listed on Federal Schedule E and attached to this return

TOTAL PROFIT/LOSS \$ _____

SCHEDULE H
ALL OTHER TAXABLE INCOME

Individual's distributive share of Income from partnerships, s-corporations, estates, trusts, director's and other fees, farm and other sources.

Received From	For (DESCRIBE)	Amount
		\$

TOTAL INCOME - Enter Line 4, page 1 \$ _____

SCHEDULE Y - Business Allocation Formula

USE WHOLE DOLLARS ONLY!	A. Located Everywhere	B. Located in Lorain	% B Divided by A
STEP 1. a) Average original cost of Real & Tangible Personal Property			
b) Gross Annual Rentals Paid multiplied by 8			
c) Total of Step 1			
STEP 2. Net Sales			
STEP 3. Wages, Salaries Paid			
STEP 4. Total Percentages			
STEP 5. AVERAGE PERCENT (Divide Total Percent by Number of Percentages Used) Enter Here and on Line 5 Schedule C.			

EXEMPTION CERTIFICATE (Signature is required on front of this form)

I have no taxable income because of the reason indicated blow:

- RETIRED - I received only pension, social security and/or interest or dividend income.
- Under 18 for the entire year of _____. My date of birth is ___/___/___ (Attach proof of DOB)
- ACTIVE MEMBER OF THE U.S. ARMED FORCES FOR THE ENTIRE YEAR OF _____.
 (This exemption does not include civilians employed by the military or the National Guard)
- NO EARNED INCOME FOR THE ENTIRE YEAR OF _____.
 (Public Assistance, SSI, Unemployment, ect. is not considered earned income.)