

CITY OF LORAIN

605 WEST 4TH ST, LORAIN, OH 44052-1605
 DUE DATE APRIL 15, 2010

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

2009

OR
 FISCAL PERIOD _____ TO _____

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

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. _____

FULLY RETIRED WITH NO EARNED INCOME
 Date _____

IF YOU MOVED DURING THE TAX YEAR, COMPLETE THIS BLOCK

Date moved into Lorain _____
 Previous Address _____
 Date moved out of Lorain _____
 Present Address _____

W-2 WORKSHEET

COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4
CITY WHERE EMPLOYED	GROSS WAGES-HIGHEST WAGE ON W-2	LORAIN TAX WITHHELD	OTHER CITY TAX WITHHELD LIMIT 2%
A.			
B.			
C.			
D.			
E. TOTALS			

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	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	\$
TAX WITHHELD, PAYMENTS AND CREDITS	6. LORAIN INCOME TAX. MULTIPLY LINE 5 BY 2% (.02)	6	\$
	7. Lorain income tax withheld from column 3	7	\$
	8. Prior year credits	8	\$
	9. Estimated payments	9	\$
	10. Credit for taxes withheld to other cities from column 4	10	\$
	11. TOTAL PAYMENT AND CREDITS. ADD LINES 7 THROUGH 10	11	\$
	12. BALANCE DUE. If line 6 is more than line 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 2010 (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 1% 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	\$
TAX DUE	23. Less credits. Enter line 18 from above	23	\$
	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)		\$

**SCHEDULE E
INCOME FROM RENTS**
Attach copy of Federal Schedules.

Full Address of property, City & State	Current year Net Profit/Loss
Total Profit/Loss	\$

Less NOL \$ _____ Net Profit/Loss \$ _____
5 yr. Limit, Attach Schedule *Carry net profit to Line 4, pg. 1

**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 X - Reconciliation With Federal Income Tax Return (For Corporations Only)

See ORC 718.01 (A) (1) for items that are taxable and deductible.

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.			

SCHEDULE Z Partner's Distributive Shares of Net Income (From Federal Schedule 1065, K-1 and 1099)

1. NAME AND ADDRESS OF EACH PARTNER	2. Resident		3. Distributive Shares of Partners		4. Other Payments	5. Taxable Percentage	6. Amount Taxable
	Yes	No	Percent	Amount			
(a)			%	\$	\$	%	\$
(b)			%	\$	\$	%	\$
(c)			%	\$	\$	%	\$
(d)			%	\$	\$	%	\$
7. TOTALS			100%	\$	\$		\$