CITY OF NORWALK
INCOME TAX DEPARTMENT
38 WHITTLESEY AVE.
P.O. BOX 440
NORWALK OHIO 44857-0440

SECTION 1: EXEMPTION CERTIFICATE
SECTION 2: ALTERNATE 1040
SECTION 3: SIGNATURES

MAIL COMPLETED FORMS TO:
NORWALK CITY INCOME TAX DEPT.
38 WHITTLESEY AVE., P.O. BOX 440
NORWALK, OHIO 44857-0440

ALL RESIDENTS OF THE CITY OF NORWALK MUST FILE A TAX RETURN BY APRIL 15, 2009

IF REQUIRED TO FILE FEDERAL 1040, COPY MUST BE ATTACHED OR NORWALK ALTERNATE 1040 FORM MUST BE COMPLETED, SIGNED & ATTACHED

FOR QUESTIONS OR ASSISTANCE IN PREPARING YOUR RETURN, CALL (419) 663-6720 OR VISIT THE INCOME TAX DEPARTMENT AT 38 WHITTLESEY AVENUE, NORWALK, OHIO (NEXT TO THE FIRE STATION). NORWALK TAX FORMS MAY BE DOWNLOADED FROM OUR WEBSITE: www.norwalkoh.com e-mail: norinctax@accnorwalk.com

Soc. Sec. # _____

Spouse Soc. Sec. # _____
(If a joint return, spouse's first name, initial and Soc. Sec. #)

SECTION 1 - EXEMPTION CERTIFICATE

I AM NOT REQUIRED TO FILE A 2008 INCOME TAX RETURN BECAUSE MY SOLE INCOME IS DERIVED FROM THE FOLLOWING SOURCE(S):
SIGNATURE REQUIRED, SEE SECTION 3

- ❑ SOCIAL SECURITY BENEFITS, PENSION
- ❑ WORKERS COMPENSATION
- ❑ MILITARY SERVICE
- ❑ INTEREST AND/OR DIVIDEND INCOME
- ❑ TOTAL PERMANENT DISABILITY
- ❑ ALIMONY
- ❑ A.D.C./GENERAL PUBLIC ASSISTANCE
- ❑ UNEMPLOYMENT COMPENSATION
- ❑ UNDER AGE 18 FOR ENTIRE TAX YEAR (If applying for a refund, copy of driver's license or birth certificate required)
- ❑ BUSINESS CEASED OPERATION EFFECTIVE _____ (DATE)
- ❑ RENTAL OR BUSINESS SOLD _____ (DATE) TO _____
- ❑ OTHER (PLEASE EXPLAIN) _____
- ❑ TAXPAYER DECEASED PRIOR TO 2008 _____ (DATE)
- ❑ MOVED OUT OF NORWALK IN 2007 _____ (DATE) **(Partial Year Residents In 2008 Are Required To File)**

SECTION 2 - ALTERNATE 1040

******THIS SECTION MUST BE COMPLETED ONLY IF YOU CHOOSE NOT TO SUBMIT A PHOTO COPY OF YOUR FEDERAL 1040, 1040A OR 1040EZ. IT IS FILED ALONG WITH YOUR CITY OF NORWALK FINAL INCOME TAX RETURN AND ANY COPIES OF FEDERAL SCHEDULES C, C-EZ, 4797, E, F, IF APPLICABLE. SCHEDULES A AND 2106 ARE NECESSARY IF TAXPAYER SEEKS EMPLOYEE BUSINESS EXPENSE DEDUCTION.****** **SIGNATURE REQUIRED, SEE SECTION 3**

FILING STATUS: ❑ Single ❑ Married filing joint return (even if only one had income) ❑ Married filing separate return

Enter spouse's social security number above and full name here: _____

❑ Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter the child's name here: _____

❑ Qualifying widow(er) with dependent child. Year spouse died: _____

ENTER THE EXACT FIGURES USED ON YOUR FEDERAL FORM 1040, 1040A, 1040EZ AND 1040TEL.

	1040	1040A	1040EZ	1040TEL		
Line	7	7	1		Wages, salaries, tips, etc. (attach Form(s) W-2) If using 1040TEL, DO NOT INCLUDE INTEREST	_____
Line	12	N/A	N/A	N/A	Business income or (loss) (attach Schedule C or C-EZ, including cost of goods manufactured and/or sold)	_____
Line	14	N/A	N/A	N/A	Other gains (losses) (attach Form 4797)	_____
Line	17	N/A	N/A	N/A	Rental real estate, royalties, partnerships, S Corporations, trusts, etc. (attach Schedule E)	_____
Line	18	N/A	N/A	N/A	Farm income or (loss) (attach Schedule F)	_____
Line	21	N/A	N/A	N/A	Other income (list type and amount)	_____

SECTION 3 - SIGNATURES

CHECK BOX NEXT TO SIGNATURE TO AUTHORIZE CITY TO DISCUSS RETURN WITH PREPARER.

THE UNDERSIGNED DECLARES THAT THIS FORM (AS COMPLETED IN LIEU OF FORM 1040, 1040A, 1040EZ OR 1040TEL), IS A TRUE, CORRECT AND COMPLETE FORM FOR THE TAXABLE PERIOD STATED AND THAT THE FIGURES USED HEREIN ARE THE SAME AS USED FOR FEDERAL INCOME TAX PURPOSES. I certify that all information in Section 1 (Exemption) to be true & correct.

Signature of Person Preparing, if Other than Taxpayer	Date	Signature of Taxpayer or Agent (Required) ❑	Date
Address or Name and Address of Firm or Employer - Phone No. ( )		Signature of Spouse, if joint return	Date