

TAX YEAR 2009

**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, 2010**

**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 2009 INCOME TAX RETURN BECAUSE MY SOLE INCOME IS DERIVED FROM THE FOLLOWING SOURCE(S):

SIGNATURE REQUIRED, SEE SECTION 3

- | | | |
|--|---|---|
| <input type="checkbox"/> SOCIAL SECURITY BENEFITS, PENSION | <input type="checkbox"/> WORKERS COMPENSATION | <input type="checkbox"/> MILITARY SERVICE |
| <input type="checkbox"/> INTEREST AND/OR DIVIDEND INCOME | <input type="checkbox"/> TOTAL PERMANENT DISABILITY | <input type="checkbox"/> ALIMONY |
| <input type="checkbox"/> A.D.C./GENERAL PUBLIC ASSISTANCE | <input type="checkbox"/> UNEMPLOYMENT COMPENSATION | |
| <input type="checkbox"/> UNDER AGE 18 FOR ENTIRE TAX YEAR (If applying for a refund, copy of driver's license or birth certificate required) | | |
| <input type="checkbox"/> BUSINESS CEASED OPERATION EFFECTIVE _____ (DATE) | | |
| <input type="checkbox"/> RENTAL OR BUSINESS SOLD _____ (DATE) TO _____ | | |
| <input type="checkbox"/> OTHER (PLEASE EXPLAIN) _____ | | |
| <input type="checkbox"/> TAXPAYER DECEASED PRIOR TO 2009 _____ (DATE) | | |
| <input type="checkbox"/> MOVED OUT OF NORWALK IN 2008 _____ (DATE) (Partial Year Residents In 2009 Are Required To File) | | |

****THIS SECTION MUST BE COMPLETED ONLY IF YOU CHOOSE NOT TO SUBMIT A PHOTO

SECTION 2 - ALTERNATE 1040

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, 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.

Line	1040	1040A	1040EZ	1040TEL	Description
	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	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)

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

SECTION 3 - SIGNATURES

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
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Address or Name and Address of Firm or Employer - Phone No. ()	Signature of Spouse, if joint return	Date
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