

MAKE CHECK PAYABLE TO:

CITY OF NORWALK INCOME TAX
38 WHITTLESEY AVE, P.O. BOX 440
NORWALK, OH 44857-0440
Ph. (419) 663-6720 Fax (419) 663-6795
MON-FRI 8:00-4:30

IF NAME OR ADDRESS IS INCORRECT MAKE NECESSARY CHANGES **FISCAL DUE WITHIN 120 DAYS OF END OF TAX PERIOD.**
(LIST BOTH NAMES & SOCIAL SECURITY NUMBERS IF FILING A JOINT RETURN)

**NORWALK CITY INCOME TAX RETURN
FOR THE CALENDAR YEAR 2009**

Fiscal Period _____ to _____

DUE ON OR BEFORE: APRIL 15, 2010

FOR OFFICE USE ONLY

DATE REC'D _____ INITIALS _____

CASH CK MO CHG DB OFC MA

TAX PAID _____ DECLARATION _____ TOTAL PAYME _____

Are you or the business entity a resident Yes No

Moved INTO Norwalk on _____

Moved OUT of Norwalk on _____

PRESENT ADDRESS _____

**ARE YOU REQUIRED TO FILE
A FEDERAL TAX RETURN?**

Yes (Must attach a copy OF complete and attach a Norwalk Alternate 1040 Form)

No

Enter number and expiration date fully and accurately

VISA DISCOVER AMERICAN EXPRESS

No. _____ EXP. _____

I married in 2009 and am now filing a joint return with r spouse whose name and social security number _____

I am filing separately for 2009 and previously had filed with _____

social security number _____

BUSINESS
FED. I.D. No. \ SOCIAL SECURITY No.

SPOUSE SS#

PHONE

EMPLOYER'S NAME	LOCATION	NORWALK TAX WITHHELD EXCLUDE SCHOOL DISTRICT INCOME TAX	OTHER MUNICIPAL TAX WITHHELD NOT TO EXCEED 1.50%	GROSS WAGES

1. TOTALS (if above is fully taxable and your only income, enter total of Line 1c on Line 5) 1a. _____ 1b. _____ 1c. _____

1d. Wages earned outside Norwalk by part year non-resident or prior to 18th birthday. DEDUCT (\$ _____)

2. OTHER TAXABLE INCOME (Attach Federal Schedule C, E, F and if required, complete & include Schedule M, N, O) 2. \$ _____

3. TOTAL INCOME (Total of Lines 1c, 1d and 2)) 3. \$ _____

4. UNREIMBURSED EMPLOYEE BUSINESS EXPENSES (FEDERAL FORM 2106 AND SCHEDULE A MUST BE ATTACHED)

4a. ALLOCABLE AMOUNT FROM FORM 2106 _____ 4b. 2% OF LINE 3 _____ SUM 4a. MINUS 4b. NORWALK ALLOCABLE 2106

DEDUCTION 4c. If all income not earned in Norwalk use worksheet provided on back (Page 2) 4c. (\$ _____)

5. AMOUNT SUBJECT TO NORWALK INCOME TAX (Line 1c or Line 3 (minus Line 4, if applicable) 5. \$ _____

6. NORWALK CITY INCOME TAX LIABILITY 1.50% (.0150) OF LINE 5. 6. \$ _____

7a. NORWALK CITY INCOME TAX WITHHELD BY EMPLOYER(S) FROM W-2'S (LINE 1a) Exclude School District Income Taxes 7(a) \$ _____

7b. 2009 ESTIMATE PAYMENTS PAID (DO NOT ROUND) 7(b) \$ _____

7c. INCOME TAXES PAID TO OTHER CITIES (LINE 1b) 7(c) \$ _____

7d. TOTAL CREDITS ALLOWABLE (TOTAL LINES 7a,b, and c) 7(d) (\$ _____)

8. BALANCE OF TAX DUE (IF LINE 6 IS GREATER THAN LINE 7(d), DO NOT REMIT IF \$4.99 OR LESS) 8. \$ _____

9. OVERPAYMENT (IF LINE 7(d) IS GREATER THAN LINE 6, NO REFUND OR CREDIT IF \$4.99 OR LESS) 9. \$ _____

AMOUNT TO BE REFUNDED _____ CREDIT TO 2010 EST. TAX _____ (Late filing penalty will be deducted from overpayment, if applicable)

10. LATE FILING PENALTY - \$25 IF POSTMARKED AFTER 4/15/10. *COPY OF FEDERAL EXTENSION MUST BE SUBMITTED TO THIS OFFICE PRIOR TO 4/15/10 TO AVOID LATE PENALTY. * 10. \$ _____

11. PENALTY FOR FAILURE TO FILE DECLARATION OF ESTIMATED TAX FOR 2009, IF REQUIRED. (See Instructions) 11. \$ _____

12. INTEREST (1.5% of tax per month or fraction of a month shown on line 8 if paid after 4-15-10) 12. \$ _____

13. INTEREST ON INSUFFICIENT ESTIMATED TAX PAYMENTS (See Instructions) 13. \$ _____

14. TOTAL PENALTIES AND INTEREST (Total Lines 10 thru 13) 14. \$ _____

15. AMOUNT PAYABLE TO CITY OF NORWALK INCOME TAX (TOTAL LINES 8 AND 14) **PAY THIS AMOUNT** 15. \$ _____

DECLARATION OF ESTIMATED TAX FOR 2010

(Must be Completed if Taxable Income or Net Profit will not be subject to Total Tax Withholding.)

1. Total estimated income subject to tax \$ _____ Multiply by tax rate 1.5 percent for gross tax total \$ _____

2. Less any estimated tax to be withheld \$ _____

3. Balance of Norwalk City Income Tax declared (Enter Here →) \$ _____

4. Less credits: A. Overpayment (From Line 9 Above) \$ _____

B. Previous payment(s) \$ _____

5. 2010 1ST QUARTER ESTIMATED PAYMENT DUE APRIL 15, 2010 (At least 22½% of Line 3 of Declaration) **Estimate - Pay This Amount** \$ _____

(Note: Remaining quarterly balances will be billed.)

TOTAL 2009 TAX AND 2010 1ST QUARTER ESTIMATE, IF APPLICABLE (LINE 15 ABOVE PLUS LINE 5 OF DECLARATION) DUE ON OR BEFORE 4/15/10. → Total Paid \$ _____

I CERTIFY I HAVE EXAMINED THIS RETURN INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, AND 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 _____

ATTACH ALL W-2 COPIES AND W-2 HERE

Must be filed if a local tax, of at least 1½% is not withheld by your employer