

MAKE CHECK OR MONEY ORDER TO:

City of Ravenna Income Tax Dept.
P.O. Box 1215
Ravenna, OH 44266-1215
Voice: 330-297-7817
FAX: 330-297-2164
E-Mail: tmurray@ci.ravenna.oh.us

Individual - _____ Income Tax Return Ravenna

Taxpayer's Social Security No.
Home Telephone No. Business Telephone No.
Spouse's Social Security No.
Spouse's Name
Home Telephone No. Business Telephone No.

Name:
Street Address:
City, State, Zip:

Filing Status:

- ☐ Single
☐ Married filing joint
☐ Married filing separate

- ☐ Resident
☐ Non-Res.

If you moved into or out of Ravenna during the tax year - give dates:

In to:
Out of:

If you rent, please provide your Landlord's information:

Landlord's Name:
Landlord's Address:

Income:

1. Wages, Salaries, Tips, etc.
2. Other taxable income.
3. Total taxable income (Add lines 1 and 2)

Tax and Credits:

4. Ravenna tax due before credits (2.000% of line 3)
5. Estimated tax payments made to Ravenna.
6. Taxes withheld and paid to Ravenna.
7. Overpayment from prior year(s).
8. Taxes withheld and paid to other localities*
* Credit cannot exceed 100% of tax withheld up to 2.00% of income earned in each location.
9. Total credits (add lines 5 through 8)

Refund:

- (Issued if greater than \$1.00)
10. If line 9 is greater than line 4, subtract line 4 from line 9. This is the amount you overpaid.
11. Amount of line 10 to be credited to next years estimate.
12. Amount of line 10 to be refunded.

Tax due:

- (Owed if greater than \$1.00)
13. If line 4 is more than line 9, subtract line 9 from line 4, this is the tax amount you owe.
14. Penalties and interest: Late File: Late Pay: Interest:

Declaration of estimates for 2010:

15. Estimated Income.
16. Estimated tax due. Multiply line 15 by 2.000%
17. Taxes to be withheld and paid to Ravenna and other localities.
18. Prior credit applied to estimated tax payments (from line 11)
19. Net estimated tax due (subtract line 17 and 18 from line 16)
20. Minimum amount due for first quarter (multiply line 19 by 25%)

Amount you owe: 21. Total amount due (add lines 13, 14 and 20)

Tax office use only:

Taxpayer's Signature _____ Date _____

Spouse's Signature _____ Date _____

Tax Preparer's Signature _____ Date _____ Phone# (If different from taxpayer) _____

☐ If this return was prepared by a tax practitioner, check here if we may contact him/her directly with questions regarding this return.

Worksheet I: Wage Income (MUST attach W-2's and/or 1099 forms)

(a) Date wages were earned (Month, Day)				Column 1 Taxable Income (If 2106 is applicable, complete worksheet II first)	Column 2 Ravenna Tax Withheld	Column 3 Tax paid to other cities (not to exceed 2.00% of column 1)
From:	To:	Print Employer's Name	Locality Where Employed:			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of W-2's and 1099's attached: <input type="text"/>				Total:	<input type="text"/>	<input type="text"/>
				<small>*Use on page 1, line 1</small>	<small>*Use on page 1, line 6</small>	<small>*Use on page 1, line 8</small>
Tax credit on non-wage income from Worksheet III, Line 6 (add to W-2 wage credit): <input type="text"/>						Total: <input type="text"/>

Worksheet II: 2106 Business Expense Deduction (MUST attach Federal Form 2106 to receive credit)Wages earned **IN** Ravenna: For **RESIDENTS** or **NON-RESIDENTS**

Column A	Column B	Column C	Column D	Column E	Column F	Column G
Total Wage (Largest figure on W-2)	Multiply Total Wage by 2.00%	Ravenna Tax withheld. Place this figure on Worksheet I, Column 2	Difference between Column B & Column C	% of 2106 Business Expense applicable to Ravenna	Amount of expenses from Federal Form 2106	Adjusted Taxable Income (subtract Column F from Column A). Place this on Worksheet I, Column 1
<input type="text"/>	<input type="text"/>	<input type="text"/>	Not applicable	100 %	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Not applicable	100 %	<input type="text"/>	<input type="text"/>

Wages earned **OUTSIDE** Ravenna: For **RESIDENTS** Only.

Column A	Column B	Column C	Column D	Column E	Column F	Column G
Total Wage (Largest figure on W-2)	Multiply Total Wage by 2.00%	Other City tax withheld. Place this figure on Worksheet I, Column 3	Difference between Column B & Column C	% of 2106 Business Expense applicable to Ravenna	2106 Allowance. (Multiply Amount of Federal Form 2106 by the percentage in Column E).	Adjusted Taxable Income (subtract Column F from Column A). Place this on Worksheet I, Column 1
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="text"/>

Worksheet III: Non-Wage Income (MUST attach Federal Schedules from IRS, 1040 Form, Schedules C and/or E)

Income:	Column A Net Profit / (Loss)	Column B Allocation Percentage	Column B Amount subject to Tax
1. Federal Schedule C (Business)	<input type="text"/>	<input type="text"/> %	<input type="text"/>
2. Federal Schedule E (Supplemental)	<input type="text"/>	<input type="text"/> %	<input type="text"/>
3. Other INCOME or LOSS (Attach Schedule)	<input type="text"/>	<input type="text"/> %	<input type="text"/>
4. Loss carry forward (Attach worksheet) Losses can be carried forward up to five years.			
5. TOTAL of ALL taxable Non-Wage Income (Add lines 1,2,3 and subtract line 4) *Use on front, line 2			
Tax Credits:			
6. Tax paid to OTHER Cities (Not to exceed the 2.00% allowance) Attach a copy of other City's return *Place this figure on Worksheet I			<input type="text"/>

EXEMPTION: (Check appropriate box and sign on front)

I am required to file a return since I am a resident of Ravenna, but I have no taxable income because:

- ☐ Under 16 years of age for entire year (Documentation of age required) Date of Birth:
- ☐ Retired or disabled, receiving only pension, Social Security, interest or dividends
- ☐ On public assistance with no taxable income.
- ☐ An active member of the Armed Forces of the United States for the entire year.
(This does not include civilians employed by the military or National Guard)
- ☐ Other (Explain)