



2006  
**VILLAGE OF WOODLAWN**  
**INCOME TAX RETURN**

**INCOME TAX DEPARTMENT**  
 10141 WOODLAWN BLVD.  
 WOODLAWN, OHIO 45215-1324  
**TAX OFFICE PHONE: (513) 771-4008**  
 www.beautifulwoodlawn.us

**TAX OFFICE USE ONLY**

FISCAL YEAR END \_\_\_\_\_

**FILING REQUIRED EVEN IF NO TAX DUE**

FILE ON OR BEFORE APRIL 16, 2007 \_\_\_\_\_

IF TAXPAYER AND SPOUSE ARE FULLY RETIRED AND WITHOUT TAXABLE INCOME, PLACE AN **X** IN THIS BOX. SIGN, DATE AND RETURN THIS FORM BY THE DUE DATE.

Taxpayer Social Security No. \_\_\_\_\_  
 Spouse S.S. # \_\_\_\_\_  
 Home Phone No. \_\_\_\_\_  
 Work Phone No. \_\_\_\_\_  
 Business Fed. I.D. No. \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Occupation \_\_\_\_\_

**TAXPAYERS NAME(S) AND ADDRESS (CORRECT IF NECESSARY)**

BUSINESS ACTIVITY \_\_\_\_\_

INDICATE WHETHER:  
 CORP'N \_\_\_\_\_ SOLE PROP. \_\_\_\_\_  
 PTNRSH \_\_\_\_\_ EMPLOYEE \_\_\_\_\_  
 IF OTHER, EXPLAIN \_\_\_\_\_

Check your status as a taxpayer:  
 Resident:  
 Full Yr. \_\_\_\_\_  
 Part Yr. \_\_\_\_\_  
 Non-Resident \_\_\_\_\_

**LIST PERSONS 18 YEARS OF AGE & OLDER RESIDING IN YOUR HOUSEHOLD**

NAME	AGE	SOCIAL SECURITY NO.
_____	_____	_____
_____	_____	_____
_____	_____	_____

**IF YOU MOVED DURING CURRENT YEAR PLEASE GIVE DATE:**

Moved In \_\_\_\_\_ Moved Out \_\_\_\_\_

**ATTACH W'2's TO BACK OF FORM**

OFFICE USE ONLY

1. QUALIFYING WAGES (USUALLY MEDICARE WAGE OF W-2). TIPS AND OTHER EMPLOYEE COMPENSATION- ..... \$ \_\_\_\_\_  
 ATTACH W-2 FORM(S) AND PAGE ONE OF APPLICABLE FEDERAL FORM 1040.
2. PROFIT OR LOSS FROM INCOME OTHER THAN WAGES FROM PAGE 2, LINE 28 & OTHER ADJ. .... \$ \_\_\_\_\_  
 ATTACH APPLICABLE SCHEDULE(S)
3. TOTAL TAXABLE INCOME (LINES 1 and 2) ..... \$ \_\_\_\_\_
4. MULTIPLY TAXABLE INCOME BY 2% TAX AMOUNT BEFORE CREDITS ..... \$ \_\_\_\_\_
5. CREDITS:
  - A. WOODLAWN TAX WITHHELD BY EMPLOYER(S) ..... \$ \_\_\_\_\_
  - B. PAYMENTS MADE 2005 DECLARATION OF ESTIMATED TAX INCLUDING PRIOR YEAR OVERPAYMENT ..... \$ \_\_\_\_\_
  - C. CREDIT ALLOWED FOR TAX PAID TO OTHER MUNICIPALITY (RESIDENTS ONLY) (NOT TO EXCEED 2% OF THAT PORTION TAXED PER W-2 ..... \$ \_\_\_\_\_
  - X. TOTAL CREDITS ..... \$ \_\_\_\_\_
6. IF LINE 4 IS GREATER THAN LINE 5X, PAYMENT OF BALANCE MUST ACCOMPANY THIS RETURN **2006 TAX DUE** \$
7. OVERPAYMENT CLAIMED (IF LINE 5X EXCEEDS LINE 4) \$ \_\_\_\_\_  
 ENTER AMOUNT OF LINE 7 YOU WANT CREDITED TO NEXT YEAR'S TAX \$ \_\_\_\_\_ OR REFUNDED \$ \_\_\_\_\_

NOTICE: By law, all refunds and credits, in excess of \$10.00 are being reported to IRS.

**DECLARATION OF ESTIMATED TAX FOR 2007**

8. TOTAL INCOME SUBJECT TO TAX \$ \_\_\_\_\_ MULTIPLY BY RATE OF 2% ..... FOR GROSS TAX OF ..... \$ \_\_\_\_\_
9. LESS CREDITS:
  - A. WOODLAWN TAX WITHHELD BY EMPLOYER(S) ..... \$ \_\_\_\_\_
  - B. OVERPAYMENT FROM PRIOR YEAR ..... \$ \_\_\_\_\_
  - C. CREDIT ALLOWED FOR TAX PAID TO OTHER MUNICIPALITY (NOT TO EXCEED 2%) ..... \$ \_\_\_\_\_
  - X. TOTAL CREDITS ..... \$ \_\_\_\_\_
10. NET ESTIMATED TAX DUE (LINE 8 LESS LINE 9X) ..... \$ \_\_\_\_\_
11. AMOUNT PAID WITH THIS DECLARATION (NOT LESS THAN 1/4 OF LINE 10) ..... \$
12. BALANCE OF TAX ..... \$ \_\_\_\_\_
13. TOTAL PAYMENT DUE (LINE 6 PLUS LINE 11) ..... \$

**MAKE REMITTANCE PAYABLE TO VILLAGE OF WOODLAWN**

**FOR TAX OFFICE USE ONLY**

TAX \$ \_\_\_\_\_ PENALTY \$ \_\_\_\_\_ INTEREST \$ \_\_\_\_\_ TOTAL DUE (TAX & ASSESSMENTS) ..... \$ \_\_\_\_\_  
 LATE \_\_\_\_\_ MONTHS

I CERTIFY THAT I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE. IF PREPARED BY A PERSON OTHER THAN TAXPAYER, THE DECLARATION IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE.

Signature of Person Preparing if Other Than Taxpayer \_\_\_\_\_ Date \_\_\_\_\_ Signature of Taxpayer or Agent (Required) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Telephone Number \_\_\_\_\_ Spouse / Title if Signing for a Business \_\_\_\_\_