



**2008**  
**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 15, 2009

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.

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

BUSINESS ACTIVITY \_\_\_\_\_ Name & Address \_\_\_\_\_

INDICATE WHETHER:  
 CORPN  SOLE PROP.   
 PTNRSHIP  EMPLOYEE   
 IF OTHER, EXPLAIN \_\_\_\_\_

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

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 W2's TO BACK OF FORM**

OFFICE USE ONLY

1. QUALIFYING WAGES (USUALLY MEDICARE WAGE BOX 5 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 2008 DECLARATION OF ESTIMATED TAX INCLUDING PRIOR YEAR OVERPAYMENT ..... \$ \_\_\_\_\_
  - C. CREDIT ALLOWED FOR TAX PAID TO OTHER MUNICIPALITY & COUNTIES (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 **2008 TAX DUE** \$ \_\_\_\_\_  
No taxes or refunds of less than \$1.01 shall be collected or refunded.
7. OVERPAYMENT CLAIMED (IF LINE 5X EXCEEDS LINE 4) \$ \_\_\_\_\_ 0.00  
 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 YEAR 2009 (MANDATORY IF ESTIMATED LIABILITY IS \$100.00 OR MORE)**

8. TOTAL INCOME SUBJECT TO TAX \$ \_\_\_\_\_ MULTIPLY BY TAX RATE OF 2% FOR GROSS TAX OF ... \$ \_\_\_\_\_
9. LESS EXPECTED TAX CREDIT FROM EMPLOYER WITHHOLDING AND/OR PAYMENTS TO OTHER MUNICIPALITY (NOT TO EXCEED 2% OF THAT PORTION TAXED) ..... \$ \_\_\_\_\_
10. NET TAX DUE FOR 2009 (LINE 8 LESS LINE 9) ..... \$ \_\_\_\_\_
  - a. OVERPAYMENT FROM PRIOR YEAR (FROM LINE 7 ABOVE) ..... \$ \_\_\_\_\_
11. AMOUNT PAID WITH THIS DECLARATION (NOT LESS THAN 1/4 OF LINE 10, LESS LINE 10a) ..... \$
12. TOTAL OF THIS PAYMENT (LINE 6 PLUS LINE 11) ..... (MAKE CHECKS PAYABLE TO VILLAGE OF WOODLAWN) \$

**FOR TAX OFFICE USE ONLY**  
 Tax \$ \_\_\_\_\_ Penalty \$ \_\_\_\_\_ Interest \$ \_\_\_\_\_ Late \_\_\_\_\_ Months \_\_\_\_\_ TOTAL DUE (Tax & Assessments) \$ \_\_\_\_\_

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 Taxpayer \_\_\_\_\_ Date \_\_\_\_\_  
 Signature of Taxpayer \_\_\_\_\_ Date \_\_\_\_\_  
 Signature of Person Preparing if Other Than Taxpayer \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

**TO PAY BY CREDIT CARD:** Enter number and expiration date fully and accurately  
 No. \_\_\_\_\_  
 No. \_\_\_\_\_  
 EXP. DATE: \_\_\_\_\_ / \_\_\_\_\_ AMOUNT AUTHORIZED: \$ \_\_\_\_\_  
 PHONE NUMBER: (H) \_\_\_\_\_ (W) \_\_\_\_\_  
 CARDHOLDER SIGNATURE: \_\_\_\_\_

May we discuss this return with the preparer shown to the left?  
 Yes  No