

CITY OF CUYAHOGA FALLS

**INCOME TAX RETURN
 YOU MUST FILL OUT THIS FORM
 AND RETURN BY APRIL 15, 2009**

**FORM RC
 2008**

Tax return was not filed for the following years:

Your Social Security Number
Spouse's Social Security Number
Telephone Number ()
E-mail:

If you have moved during the year, indicate the date of your move:

Into Cuyahoga Falls ____/____/____
 Out of Cuyahoga Falls ____/____/____

Note: If your total income is reported on W-2 wages and local tax was correctly withheld at the rate of 2.0%, complete the shaded areas only, sign return at the bottom and attach the W-2 forms. All others, see instructions and complete form in its entirety.

Indicate here if you are **Retired** and have no taxable income Unemployed for the entire year Other _____
 Under 18 years of age (attach proof of age). Date of Birth: _____ **Date Retired** ____/____/____

Husband () Yes () No **Wife** () Yes () No

INCOME

1. Wages and salaries (please attach W-2 and/or 1099 forms and complete Worksheet Table on back of return) (use highest dollar amount on W-2's)	1	
2. Other Taxable Income		
2a. Business Income (attach Schedule C) _____% allocable to Cuyahoga Falls	2a	
2b. Rental or Supplemental Income (attach Schedule E)	2b	
2c. Other income (please provide documentation)	2c	
2d. Loss carried forward from previous years (include schedule)	2d	
3. Total other taxable income (add lines 2a, 2b, 2c, subtract line 2d; if amount is less than zero, enter zero)	3	
4. Total taxable income before deductions (add lines 1 and 3)	4	
5. Deductions (from line 33 on back of this return)	5	
6. Cuyahoga Falls taxable income (subtract line 5 from line 4)	6	

TAX AND CREDITS

7. Cuyahoga Falls tax due before credits (multiply line 6 by 2.0%)	7	
8. Refunds received in the tax year shown above, from other localities	8	
9. Current tax due (add lines 7 & 8)	9	
10. Taxes withheld and paid to Cuyahoga Falls (total of column 2 from Worksheet Table)	10	
11. Taxes withheld and paid to other localities (total of column 3 from Worksheet Table)	11	
12. Estimated tax payments made to Cuyahoga Falls.....As of _____ \$ _____	12	
13. Income tax credit carried forward from prior years	13	
14. Total credits (add lines 10, 11, 12 and 13)	14	
15. If difference between line 9 and line 14 is less than \$1.00, enter zero and proceed to line 21	15	

REFUND

16. If line 14 is greater than line 9, and not less than \$1.00, enter the difference, which is amount of overpayment	16	
17. Amount of line 16 to be credited to next year's estimated tax liability (enter here and on line 26)	17	
18. Amount to be refunded (subtract line 17 from line 16) Proceed to line 21	18	

AMOUNT PAYABLE TO CITY

19. If line 9 is greater than line 14, and not less than \$1.00, enter the difference, which is the balance due for the current tax year	19	
20. Penalty and Interest (from line 36 on back of return)	20	

DECLARATION OF ESTIMATED INCOME TAX

21. Estimated taxable income for tax year 2009	21	
22. Estimated tax due (multiply line 21 by 2.0%)	22	
23. Taxes to be withheld and paid to Cuyahoga Falls and other localities	23	
24. Balance of estimated tax due (subtract line 23 from line 22)	24	
25. First quarter of estimated tax payable to City (multiply line 24 by 25%)	25	
26. Prior credit applied to estimated tax payments (line 17)	26	
27. Net amount due for initial quarterly payment (subtract line 26 from line 25)	27	
28. Total amount due (add lines 19, 20 and 27) Make check payable to CITY OF CUYAHOGA FALLS	28	

The undersigned declares this to be a true, correct, and complete return of Cuyahoga Falls Income Tax for the period stated

Signature	Date / /	For Departmental Use
Spouse's Signature	Date / /	
Tax Preparer's Signature (If other than taxpayer)	Date / /	
	Phone # () -	
I authorize the Cuyahoga Falls Income Tax Division to discuss my account and enclosures with my preparer (above) Initials		

Attach W-2s, taxable 1099s and copies of applicable federal forms and schedules here

a Control number		Copy for State, City or Local Tax Department			
b Employer identification number		1 Wages, tips, other compensation 50,000.00	2 Federal income tax withheld 5,000.00		
c Employer's name, address, and ZIP code		3 Social security wages 55,000.00	4 Social security tax withheld 3,410.00		
		5 Medicare wages and tips 55,000.00	6 Medicare tax withheld 797.50		
		7 Social security tips	8 Allocated tips		
d Employee's social security number		9 Advance EIC payment		10 Dependent care benefits	
e Employee's name, address, and ZIP code		11 Nonqualified plans		12a	
		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b	
		14 Other		12c	
				12d	
15 State	Employer's state ID number	16 State wages, tips, etc. 55,000.00	17 State income tax 1,750.00	18 Local wages, tips, etc. 55,000.00	19 Local income tax 1,100.00
				20 Locality name CUY FALLS	

Highlighted areas are possible locations for the highest amount of gross wages on W-2s.
The arrow indicates the box in which local income tax withheld will be located on your W-2.

(Box 19)



WORKSHEET TABLE

Number of W-2 and 1099 forms attached: _____

Date wages were earned (Month/Day)		Print Employer's Name	Locality Where Employed*	COLUMN 1	COLUMN 2	COLUMN 3
From	To			Gross Income (Largest figure on W-2)	Cuyahoga Falls Tax Withheld	Tax Paid to Other Localities* (not to exceed 2% of gross income)
/	/					
/	/					
/	/					
/	/					
/	/					
/	/					
/	/					
/	/					
TOTALS:				\$	\$	\$

* Including JEDD

DEDUCTIONS

29. Cuyahoga Falls wages and salaries earned while under the age of 18 (please provide proof of age) 29

30. Age 65 and over deduction (for residents only)

 30a. Income of resident age 65 and over (Cuyahoga Falls taxable income only) 30a

 30b. Maximum amount of deduction (\$3,000 per person over age 65 with Cuyahoga Falls income) 30b

 Taxpayer's birthdate ____/____/____ Spouse's birthdate ____/____/____ (please provide proof of age)

 30c. Enter lower amount of line 30a or line 30b 30c

31. Non-resident deductions (please provide calculations) 31

32. Employment expense (attach Form 2106 and Schedule A) 32

33. Total deductions (add lines 29, 30c, 31 and 32) Enter here and on line 5 on front of return 33

PENALTY AND INTEREST

34a. Penalty: Failure to file a tax return by April 15th (\$25, \$50 or \$100, see instructions) 34a

34b. Penalty: Non Payment of estimated tax (see instructions) 34b

35. Interest: (1.5% per month on unpaid taxes) 35

36. Total penalty and interest: Add lines 34a, 34b and 35 (enter here and on line 20 on front of return) 36