

**CITY OF CUYAHOGA FALLS**  
**INCOME TAX RETURN**  
**YOU MUST FILL OUT THIS FORM**  
**AND RETURN BY APRIL 15, 2008**

**FORM RC**  
**2007**

**Tax return was not filed for the following years:**

Your Social Security Number
Spouse's Social Security Number
Telephone Number ( )
<b>E-mail:</b>

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** \_\_\_/\_\_\_/\_\_\_

	<b>Husband</b>	<b>Wife</b>
	( ) Yes ( ) No	( ) 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 cities or JEDDs		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 2008	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) <b>Make check payable to CITY OF CUYAHOGA FALLS</b>		28	

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

Signature	Date	/	/	<b>For Departmental Use</b>
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	2 Federal income tax withheld					
		50,000.00	5,000.00					
c Employer's name, address, and ZIP code		3 Social security wages	4 Social security tax withheld					
		55,000.00	3,410.00					
		5 Medicare wages and tips	6 Medicare tax withheld					
		55,000.00	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"/>	12b				
		Third-party sick pay <input type="checkbox"/>	12c					
		14 Other	12d					
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name		
		55,000.00	1,750.00	55,000.00	1,100.00	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)
/	/					
/	/					
/	/					
/	/					
/	/					
/	/					
/	/					
				<b>TOTALS:</b>	\$	\$

\* 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