PAYMENT DUE
PLEASE REMIT TO:
CITY OF DAYTON
PO BOX 643700
CINCINNATI, OH 45264-3700

TAXPAYER NAME, ADDRESS & ACCOUNT NUMBER

2016 CITY OF DAYTON INDIVIDUAL INCOME TAX RETURN

RETURN WITH PAYMENT DUE BY APRIL 18, 2017

90% of Estimated Tax Liability due by December 15, 2017

Is this Dayton Tax Return: ☐ Single ☐ Joint Filing

TAX ID # OR SS # _____

TAX ID # OR SS # _____

Your phone # _____

Your Email address _____

May we contact you by secured email? ☐ Yes ☐ No

Are you a Dayton resident? ☐ Yes ☐ No

Did you file a Dayton Return last year? ☐ Yes ☐ No

Did you file on a different Tax ID# last year? ☐ Yes ☐ No
If so, please list Tax ID# _____

Did You Move during this tax year? ☐ Yes ☐ No

Old address _____

Date Moved in _____ or Date Moved Out _____

If you moved more than once during the year, attach list to tax return showing addresses and dates

All supporting W-2's and Federal Schedules must be submitted with this return

Please Complete Work Sheet On Reverse Side Before Completing Section A

PLEASE ATTACH CHECK AND WAGE STATEMENTS (W-2'S) HERE

SECTION A TOTAL TAXABLE INCOME

1. Wages, Salaries, Tips, and Other Employee Compensation-Use highest wage figure on W-2. See Section A on back of return. (Part year residents must pro-rate their income based on time lived in Dayton.) ..... $ _____
2. Other Taxable Income or Deductions from Reverse Side ..... $ _____
3. Taxable Income (Add Lines 1 through 2) ..... $ _____
4. **Dayton Tax Due @ 2.25% of Line 3** ..... $ _____
5. Payments and Credits:
   - **A.** Dayton Tax Withheld ..... $ _____
   - **B.** Other City Tax Withheld ..... $ _____
   - **C.** Estimated Taxes Paid/Prior Year Credit ..... $ _____
   - **D.** Other Credits /Partnership Payments ..... $ _____

   OFFICE USE ONLY
6. Total Payments and Credits (Add Lines 5A through 5D) ..... $ _____
7. **Balance of Tax Due (Line 4 minus Line 6)** ..... $ _____
8. Penalty $ _____ Interest $ _____ ..... Total Penalty/Interest $ _____
9. **Amount Due: Make Checks Payable to City of Dayton** ..... $ _____
10. If Overpayment: Credit to Estimated Taxes $ _____ or Refund $ _____
    If your refund is $10.00 or less, no refund will be issued. If you owe $10.00 or less, no payment is necessary.

SECTION B DECLARATION OF ESTIMATED TAX FOR TAX YEAR 2017

11. Estimated Income Subject To Tax $_____ @ 2.5% = ... $ _____
12. Estimated Tax Withheld By Your Employer(s) ..... $ _____
13. Total Estimated Tax Due (Line 11 minus Line 12) ..... $ _____
14. Credit From Prior Tax Year ..... $ _____
15. Net Estimated Tax Due (Line 13 minus Line 14) ..... $ _____
16. Estimated Tax Amount Due is 22.5% of Line 15 (First Payment) ..... $ _____
17. **TOTAL AMOUNT DUE (Line 9 plus Line 16) AMOUNT ENCLOSED:** ..... $ _____

SECTION C CREDIT CARD PAYMENTS

To help keep your information secure, credit card payments will be accepted only by telephone 24 hours a day by calling (937) 333-3500. Select "Option 2" to connect to the tax system, and then press "Option 1" to make a payment. To speak to a customer service representative during normal business hours, select "Option 2" and then "Option 0".

READ BEFORE SIGNING: The undersigned declare this return and attached schedules to be a true and complete return for the taxable year stated and that the figures used herein are the same as used for Federal Tax purposes, adjusted to the requirements of the Dayton city tax ordinances represented by this return. I understand that if I am under withheld in the following tax year (by $200.00 or 10% of tax due) I will be charged an underpayment penalty if I fail to make required estimated tax payments. If this return was prepared by a tax professional, may we contact them directly? ☐ Yes ☐ No

X _____
Tax Preparer Signature

_____
Taxpayer Signature — Date

_____
Tax Preparer Phone #

_____
Spouse Signature — Date

FORM R-I

(Rev 9/2016)

SECTION D RETIRED AND TAXPAYERS WITH NO TAXABLE INCOME CHECK APPROPRIATE EXPLANATION(S)

- ☐ Retired with No Taxable Income
- ☐ All Tax Withheld @ 2.25% By My Employer
- ☐ Lived and Worked Outside Of Dayton
- ☐ Active Duty Military
- ☐ Business or Rental Sold on _____ to _____ or Closed on _____
- ☐ I certify that I had NO Schedules E, C, K1, 2106, 4797, or 1099-MISC. income or losses reported on my Federal Tax Return.

SECTION A TOTAL W-2 WAGES

Employer's Name	Work Address	Dayton tax	Other City Tax	Total Taxable Wages*
			Total Taxable Wages*	

*Total Taxable Wages: Box 5 is usually, but not always, the highest gross wage. Use the largest amount from boxes 1, 3, 5, or 18, of your W-2 tax forms. **Please provide a written explanation if Box 5 is not the highest wage figure.**

SECTION E OTHER INCOME OR LOSS AND FORM 2106 EXPENSE

List all income as reported to the IRS on each of the following attached Schedules or Forms. Copies of the Federal Income Tax Return and/or various applicable Federal Schedules are required to be included with your tax return.

	Profit and/or Loss		Profit and/or Loss		Profit and/or Loss
Schedule C		Form 4797		Schedule K-1	
Schedule C		Form 1099-MISC		Schedule K-1	
Schedule E		Form 1099-MISC		Other	
Schedule E		Form 1099-MISC		Other	
Total to Line 2		Total to Line 2		Total to Line 2	

Please note losses are not deductible against W-2 wages.

Form 2106 Expenses: _____ Total to Line 2. **Form 2106 expenses <u>are</u> deductible from wages, subject to 2% of adjusted gross income. <u>IRS Schedule A</u> is required to be attached to this return for supporting documentation.**

SCHEDULE Y ALLOCATION OF PROFITS

		a. Located Everywhere	b. Located in Dayton	c. Percentage (b ÷ a)
1.	Original Cost of Real and Tangible Personal Property			%
	Gross Annual Rentals Paid Multiplied by 8			%
	Total Step 1			%
2.	Gross Receipts from Sales Made and/or Work or Services Performed			%
3.	Wages, Salaries and Other Compensation Paid			%
4.	Total Percentages			%
5.	Average Percentage (Total Percentages/Number of Percentages Used)			%

Additional addresses or comments: _____

IMPORTANT INFORMATION: MAIL RETURN WITH:

PAYMENT DUE TO: City of Dayton, Division of Tax & Accounting Administration, PO Box 643700, Cincinnati, OH 45264-3700

NON-PAYMENT OR ZERO BALANCE DUE TO: City of Dayton, Division of Tax & Accounting Administration, PO Box 7999, Akron, OH 44306-0999

REFUND REQUEST TO: City of Dayton, Division of Tax & Accounting Administration, PO Box 7999, Akron, OH 44306-0999

Completed tax returns will be accepted through the Fax as an original document. All necessary information and attachments must be included. Income tax preparation service will be provided only to those households earning $35,000 or less. In the event your check is returned unpaid for insufficient funds or uncollected funds, we may electronically debit your account for the principal amount of the check. A return check fee, currently $25.00, as set forth by the Director of Finance, will be assessed.

Online tax preparation tool: http://www.cityofdaytontax.com Forms are available at www.daytonohio.gov
Forms line 937-333-3501, Fax Number 937-333-4280, E-mail for forms: taxforms@daytonohio.gov
Forms Available: Office Hours: Monday through Friday 8:00 AM to 5:00 PM City Hall, First Floor Lobby, 101 W Third St. Dayton, Oh 45402