

DATE OF MOVE DURING 2009: Into Lakewood / / Previous Address: Out of Lakewood / / Current Address: Name(s) and Current Address Taxpayer's Social Security Number Spouse's Social Security Number (if joint) Filing Status - CHECK ONLY ONE Single Married - Filing Joint Married - Filing Separately Telephone () REFUND EXTENSION attached AMENDED Year E-FILE PIN# Make checks payable and mail to: City of Lakewood - Division of Tax PO Box 77047 Cleveland, OH 44194 Phone: (216) 529-6620 Fax: (216) 529-6099 Website: www.onelakewood.com IF RENTING: Landlord: Mailing Address:

TABLE A: WAGES AND COMPENSATION (ATTACH FEDERAL FORMS W-2, 1099-MISC, AND A COPY OF PAGE 1 OF YOUR 2009 FEDERAL RETURN) additional copies of this table are available at www.ci.lakewood.oh.us

Table with 8 columns: Dates wages were earned (MM, DD), LOCATION WHERE EARNED (List each W2 separately), Column 1 (Total Wages or Compensation), Column 2 (Withheld for Lakewood), Column 3 (Withheld for other localities), Column 4 (Tax Credit Limit), Column 5 (Smaller of Column 3 or 4), Column 6 (Tax Credit). Includes rows for LAKEWOOD and a Total row.

If you want Lakewood to calculate your tax - STOP, check the box, sign and date the return. Submit with W-2s before March 15, 2010.

INCOME

1. Wages and compensation (from Table A, Column 1) 2. Non - Wage Income (from Table B, Column 5, Line 6) - DO NOT enter an amount less than zero 3. Non - Wage Income not reported on Table B (ie. Gambling winnings) 4. Total taxable income (add Lines 1, 2, and 3)

TAX AND CREDITS

5. Total Lakewood tax due before credits (multiply Line 4 by 1.5% or .015) 6. Taxes withheld and paid to Lakewood (from Table A, Column 2) 7. Wage income tax credit (from Table A, Column 6) 8. Non-wage income tax credit (from Table B, Column 5, Line 11) 9. Income Tax paid by a Lakewood based LLC, Partnership, or S-Corp. 10. Total credits (add Lines 6, 7, 8, and 9) 11. Tax due before estimate payments (subtract Line 10 from Line 5) 12. 2009 estimated tax payment(s) and unused prior year credits - up-to-date amounts available at www.onelakewood.com 13. Total net tax - Subtract Line 12 from Line 11 and proceed to Line 16. If less than \$1.00, enter zero and proceed to Line 14

OVERPAYMENT

14. Overpayment - If Line 12 is greater than Line 11, and not less than \$1.00, subtract Line 11 from Line 12 15. From Line 14 - Amount to be credited to 2010 - \$ Amount to be refunded - \$ (Proceed to Line 17)

BALANCE DUE

16. Balance due - If Line 11 is greater than Line 12, and not less than \$1.00, subtract Line 12 from Line 11

ESTIMATED INCOME TAX FOR 2010

17. Estimated income tax for 2010 (from Line 11) 18. First quarter payment (multiply Line 17 by 25% or .25) 19. 2009 credit applied to first quarter estimate (from Line 14) 20. Total amount due by April 15, 2010 (add Line 16, 18, and subtract Line 19)

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

Taxpayer's Signature Date Spouse's Signature Date Tax Preparer's Signature (if other than taxpayer) Phone # Date

Pay by Credit Card-Mastercard / Visa Account Number Exp. Date Amount Paid \$ Signature

I authorize the City of Lakewood - Division of Municipal Income Tax to discuss my account and enclosures with my preparer (above)

ATTACH ALL CITY COPY W-2 & 1099 FORMS HERE

ATTACH CHECK OR MONEY ORDER HERE

TABLE A-1: PART-YEAR RESIDENT CALCULATION (This table should only be used for moves within the State of Ohio - see instructions)
 additional copies of this table are available at www.one.lakewood.com

1. Number of months lived in Lakewood						
2. Divide Line 1 by 12						
3. Part-Year Percentage (Multiply Line 2 by 100) - enter in Column 1 and Column 3						

Dates wages were earned				LOCATION WHERE EARNED (List each W2 separately (Lakewood W2s on Table A only))	Column 1 Total Wages or Compensation	Column 2 Withheld for Lakewood	Column 3 Withheld for other localities	Column 4 Tax Credit Limit (Column 1 x .01)	Column 5 Smaller of Column 3 or 4	Column 6 Tax Credit (Column 5 x .50)
MM	DD	MM	DD		_____ %		_____ %			
				Part-Year Percentage (From Line 3) Multiply each listing in Column 1 and Column 3 by this percentage						

(to Table A, Column 1) (to Table A, Column 6)

TABLE B: NON-WAGE INCOME (ATTACH A COPY OF APPLICABLE FEDERAL SCHEDULES)

Additional copies of this table are available at www.one.lakewood.com				Column 1 Earned In Lakewood	Column 2 Earned In	Column 3 Entity Name:	Column 4 Entity Name:	Column 5 Totals to Page 1
Taxable Non-Wage Income								
1. Proprietorship Income (Loss) (From Federal Schedule(s) C)								
2. Rental Income (Loss) (From Federal Schedule(s) E)								
3. LLC, Partnership, S-Corporation or Trust Income (Loss) (From Federal Schedule(s) E)								
4. Loss CarryForward				()	()	()	()	
5. Taxable Non-Wage Income (Add Lines 1, 2, 3, and Subtract Line 4 for each Column)								
If Line 5 is equal to or less than zero, enter the Loss on appropriate Table B-1 Line								
6. Total Taxable Non-Wage Income (Add all applicable Columns, Line 5) - Enter on Page 1, Line 2								
If Line 6 is equal to or less than zero, enter zero on Page 1, Line 2								
Tax Credits - (A COPY OF EACH OTHER LOCALITY TAX RETURN IS REQUIRED)								
7. Tax paid to other localities outside Lakewood								
8. Tax credit limit of 1% (Multiply Line 5 by 1% or .01)								
9. Income limit for tax credit calculation (smaller of Line 7 and Line 8)								
10. Tax credit (Multiply Line 9 by 50% or .50)								
11. Total Tax Credit (Add all applicable Columns, Line 10) - Enter on Page 1, Line 8								

TABLE B-1: LOSS CARRYFORWARD SCHEDULE

Additional copies of this table are available at www.one.lakewood.com		Column 1	Column 2	Column 3	Column 4
		Earned In Lakewood	Earned In	Entity Name:	Entity Name:
2009 Loss that can be carried forward until 2014					

TABLE C: TAXPAYER AND/OR SPOUSE EXEMPTION (YOU MAY BE REQUIRED TO ATTACH PROOF - SEE INSTRUCTIONS)

Taxpayer	Spouse
<input type="checkbox"/> Retired as of ___ / ___ / ___ <input type="checkbox"/> Social Security / disability income only for all of 2009 <input type="checkbox"/> Unemployment income for all of 2009 <input type="checkbox"/> No taxable income for 2009 - explain: _____ <input type="checkbox"/> Under 18 years of age for all of 2009 - Date of birth ___ / ___ / ___ <input type="checkbox"/> Full time student living on campus <input type="checkbox"/> Active military duty income only for all of 2009 <input type="checkbox"/> Non-resident for all of 2009 <input type="checkbox"/> Business/rental closed or sold - ___ / ___ / ___	<input type="checkbox"/> Retired as of ___ / ___ / ___ <input type="checkbox"/> Social Security / disability income only for all of 2009 <input type="checkbox"/> Unemployment income for all of 2009 <input type="checkbox"/> No taxable income for 2009 - explain: _____ <input type="checkbox"/> Under 18 years of age for all of 2009 - Date of birth ___ / ___ / ___ <input type="checkbox"/> Full time student living on campus <input type="checkbox"/> Active military duty income only for all of 2009 <input type="checkbox"/> Non-resident for all of 2009 <input type="checkbox"/> Business/rental closed or sold - ___ / ___ / ___