

DATE OF MOVE DURING 2012:

Into Lakewood ____/____/____ Previous Address: _____
Out of Lakewood ____/____/____ Current Address: _____

- REFUND
 EXTENSION attached
 AMENDED Year _____

Name(s) and Current Address

Taxpayer's Social Security Number

Spouse's Social Security Number (if joint)

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: _____

Telephone (____) _____

Filing Status – CHECK ONLY ONE

- Single
 Married - Filing Joint
 Married - Filing Separately

[ATTACH ALL CITY COPY W-2 & 1099 FORMS HERE]

TABLE A: WAGES AND COMPENSATION (ATTACH FEDERAL FORMS W-2, 1099-MISC, AND A COPY OF PAGE 1 OF YOUR 2012 FEDERAL RETURN)

Additional copies of this table are available at www.onelakewood.com

| Dates wages were earned | | | | LOCATION WHERE EARNED List each W2 separately | Column 1 | Column 2 | Column 3 | Column 4 | Column 5 | Column 6 |
|-------------------------|----|----|----|--|-----------------------------|-----------------------|-------------------------------|-----------------------------------|--------------------------|-----------------------------|
| MM | DD | MM | DD | | Total Wages or Compensation | Withheld for Lakewood | Withheld for other localities | Tax Credit Limit (Column 1 x .01) | Smaller of Column 3 or 4 | Tax Credit (Column 5 x .50) |
| | | | | LAKEWOOD | | | | | | |
| | | | | LAKEWOOD | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | Total from supplementary page(s) | | | | | | |
| | | | | Total | | | | | | |
| | | | | | (to Line 1) | (to Line 6) | | | | (to Line 7) |

If you want Lakewood to calculate your tax - STOP, check the box, sign and date the return. Submit with W-2s before March 15, 2013.

INCOME

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

TAX AND CREDITS

- Total Lakewood tax due before credits (multiply Line 4 by 1.5% or .015) 5. _____
- Taxes withheld and paid to Lakewood (from Table A, Column 2) 6. _____
- Wage income tax credit (from Table A, Column 6) 7. _____
- Non-wage income tax credit (from Table B, Column 5, Line 11) 8. _____
- Income Tax paid by a Lakewood based LLC, Partnership, or S-Corp. 9. _____
- Total credits (add Lines 6, 7, 8, and 9) 10. _____
- Tax due before estimate payments (subtract Line 10 from Line 5) 11. _____
- 2012 estimated tax payment(s) and unused prior year credits - up-to-date amounts available at www.onelakewood.com 12. _____
- Total net tax – Subtract Line 12 from Line 11 and proceed to Line 16. If less than \$5.00, enter zero and proceed to Line 14 13. _____

OVERPAYMENT

- Overpayment - If Line 12 is greater than Line 11, and not less than \$5.00, subtract Line 11 from Line 12 14. _____
- From Line 14 - Amount to be credited to 2013 - \$_____ Amount to be refunded - \$_____ (Proceed to Line 17)

BALANCE DUE

- Balance due – If Line 11 is greater than Line 12, and not less than \$5.00, subtract Line 12 from Line 11 16. _____

ESTIMATED INCOME TAX FOR 2013

- Estimated income tax for 2013 (from Line 11) 17. _____
- First quarter payment (multiply Line 17 by 25% or .25) 18. _____
- 2012 credit applied to first quarter estimate (from Line 15) 19. _____
- Total amount due by April 15, 2013 (add Line 16, 18, and subtract Line 19) 20. _____

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 _____

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

Pay by Credit Card-Mastercard / Visa / Discover

Account Number _____

Exp. Date _____ Amount Paid \$ _____

Signature _____

[ATTACH CHECK OR MONEY ORDER HERE]

