

Name(s) and Current Address    Telephone (____) _____	Taxpayer's Social Security Number  Spouse's Social Security Number (if joint)	<input type="checkbox"/> <b>REFUND</b> <input type="checkbox"/> <b>EXTENSION</b> attached <input type="checkbox"/> <b>AMENDED</b> Year _____ <b>E-FILE PIN#:</b> Make checks payable and mail to: City of Lakewood - Division of Municipal Income Tax 12805 Detroit Avenue Lakewood, OH 44107 Phone: (216) 529-6620 Fax: (216) 529-6099 Website: www.ci.lakewood.oh.us
Filing Status - CHECK ONLY ONE <input type="checkbox"/> Single <input type="checkbox"/> Married - Filing Joint <input type="checkbox"/> Married - Filing Separately		

<b>DATE OF MOVE DURING 2006:</b> Into Lakewood ____/____/____ Previous Address: _____ Out of Lakewood ____/____/____ Current Address: _____	<b>IF RENTING:</b> Landlord: _____ Mailing Address: _____
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**TABLE A: WAGES AND COMPENSATION (ATTACH FEDERAL FORMS W-2, 1099-MISC, AND A COPY OF PAGE 1 OF YOUR 2006 FEDERAL RETURN)**  
 additional copies of this table are available at www.ci.lakewood.oh.us

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, 2007.

**INCOME**

1. Wages and compensation (from Table A, Column 1)	1.	<input style="width:90%;" type="text"/>
2. Non - Wage Income (from Table B, Column 5, Line 6) - DO NOT enter an amount less than zero	2.	<input style="width:90%;" type="text"/>
3. Non - Wage Income not reported on Table B (ie. Gambling winnings)	3.	<input style="width:90%;" type="text"/>
4. Total taxable income (add Lines 1, 2, and 3)	4.	<input style="width:90%;" type="text"/>

**TAX AND CREDITS**

5. Total Lakewood tax due before credits (multiply Line 4 by 1.5% or .015)	5.	<input style="width:90%;" type="text"/>
6. Taxes withheld and paid to Lakewood (from Table A, Column 2)	6.	<input style="width:90%;" type="text"/>
7. Wage income tax credit (from Table A, Column 6)	7.	<input style="width:90%;" type="text"/>
8. Non-wage income tax credit (from Table B, Column 5, Line 11)	8.	<input style="width:90%;" type="text"/>
9. Direct payment(s) made to the City of Lakewood	9.	<input style="width:90%;" type="text"/>
10. Total credits (add Lines 6, 7, 8, and 9)	10.	<input style="width:90%;" type="text"/>
11. Tax due before estimate payments (subtract Line 10 from Line 5)	11.	<input style="width:90%;" type="text"/>
12. 2006 estimated tax payment(s) of _____ and unused prior year credit of _____ as of _____	12.	<input style="width:90%;" type="text"/>
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	13.	<input style="width:90%;" type="text"/>

**OVERPAYMENT**

14. <b>Overpayment</b> - If Line 12 is greater than Line 11, and not less than \$1.00, subtract Line 11 from Line 12	14.	<input style="width:90%;" type="text"/>
15. From Line 14 - Amount to be credited to 2007 - \$_____ Amount to be refunded - \$_____ (Proceed to Line 17)		

**BALANCE DUE**

16. <b>Balance due</b> - If Line 11 is greater than Line 12, and not less than \$1.00, subtract Line 12 from Line 11	16.	<input style="width:90%;" type="text"/>
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**ESTIMATED INCOME TAX FOR 2007**

17. Estimated income tax for 2007 (from Line 11)	17.	<input style="width:90%;" type="text"/>
18. First quarter payment (multiply Line 17 by 25% or .25)	18.	<input style="width:90%;" type="text"/>
19. 2006 credit applied to first quarter estimate (from Line 15)	19.	<input style="width:90%;" type="text"/>
20. Total amount due by April 16, 2007 (add Line 16, 18, and subtract Line 19)	20.	<input style="width:90%;" type="text"/>

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

Taxpayer's Signature _____	Date _____	<b>Pay by Credit Card-Mastercard / Visa</b> Account Number _____ Exp. Date _____ Amount Paid \$ _____ Signature _____
Spouse's Signature _____	Date _____	
Tax Preparer's Signature (If other than taxpayer) _____	Phone # _____ Date _____	
<input type="checkbox"/> 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]

