

DATE OF MOVE DURING 2017:
 Into Lakewood _____
 Out of Lakewood _____

Prior Address: _____
 Current Address: _____

Refund
 Extension
 Amended - Year _____

Contact Information:
 Telephone: (_____) _____

Taxpayer's Social Security Number _____
 Spouse's Social Security Number (if joint) _____

Filing Status - CHECK ONLY ONE
 Single
 Married - Filing Joint
 Married - Filing Separately

DO NOT FORGET TO ATTACH THE FOLLOWING DOCUMENTS (AS APPLICABLE):
 W-2 | 1099-MISC/K | Page 1 of Federal 1040/1040A/1040-EZ | Schedules C, E, and/or K-1 | Schedule A w/ Form 2106

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
 Email: taxdept@lakewoodoh.net

If you want Lakewood to calculate your tax - STOP, check the box, sign and date the return. Submit with W-2s before March 15, 2018.

TABLE A: WAGES AND COMPENSATION
 Attach W-2s, Forms 1099-MISC and 1099-K, W-2Gs, and Page 1 of Federal 1040/1040A/1040-EZ per instructions

SECTION A-1: Part-Year Resident Calculation

This section should only be used for moves within the State of Ohio. If you lived in Lakewood for the entire year, or if you moved directly into Lakewood from a residency out of state, calculate Columns 1 and 3 by 100%.

1. Number of Months Lived in Lakewood: _____
 2. Divide Section A-1, Line 1 by 12: _____
 3. Multiply Section A-1, Line 2 by 100: _____ %

SECTION A-2: W-2 Income Calculation

Dates wages were earned MM DD 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 1 x .01)	Column 5 Smaller of Column 3 or 4	Column 6 Tax Credit (Column 5 x .50)
	Enter Section A-1, Line 3 in Column 1 and Column 3, and multiply each listing in Columns 1 & 3 by percentage before entering on form.	_____ %	100%	_____ %			
	Lakewood (Calculate at 100%)						
	Lakewood (Calculate at 100%)						
	Total from Table C:						
	Overall Total:	(to Line 1)	(to Line 6)			Total	(to Line 7)

INCOME

1. Wages and compensation (from Table A, Section A-2, Column 1) _____
 2. Non-Wage Income not reported on Table B (i.e. Gambling Winnings, 1099-MISC income, 1099-K income) _____
 3. Total Taxable Non-Schedule Income (add Lines 1 and 2) _____
 4. Schedule Income (From Table B, Column 6, Line 9) - DO NOT enter amount less than zero _____

TAX AND CREDITS

5. Total Non-Schedule Lakewood tax due before credits (multiply Line 3 by 1.5% or .015) _____
 6. Taxes withheld and paid to Lakewood (from Table A, Section A-2, Column 2) _____
 7. Wage income tax credit (from Table A, Section A-2, Column 6) _____
 8. Total Non-Schedule Credits (add Lines 6 and 7) _____
 9. Total Non-Schedule tax due before estimated payments (subtract Line 8 from Line 5) _____
 10. Total Schedule tax due before estimated payments (from Table B, Column 6, Line 16) _____
 11. Total tax due before estimated payments (add Lines 9 and 10) _____
 12. 2017 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 \$10.00, enter zero and proceed to Line 14 _____

OVERPAYMENT

14. **Overpayment** - If Line 12 is greater than Line 11, and not less than \$10.00, subtract Line 11 from Line 12 _____
 15. From Line 14 - Amount to be credited to 2018 - \$ _____ 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 \$10.00, subtract Line 12 from Line 11 _____

ESTIMATED INCOME TAX FOR 2018

17. Estimated income tax for 2018 (form Line 11) _____
 18. First quarter payment (multiply Line 17 by 25% or .25) _____
 19. 2017 credit applied to first quarter 2018 estimate (from Line 15) _____
 20. Total amount due by April 17, 2018 (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 _____	Pay by Credit Card - Mastercard/Visa/Discover/American Express Acct. Number _____ Exp. Date _____ Security Code _____ 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]

[ATTACH CHECK OR MONEY ORDER HERE]

TABLE B: NET OPERATING LOSS (NOL) CONSOLIDATED TAX CALCULATION SCHEDULE

Attach all copies of Federal Schedules and Non-Lakewood Municipal Tax returns

	Column 1 Earned in Lakewood	Column 2 Earned in	Column 3 Earned in	Column 4 Earned in	Column 5 Earned in	Column 6 Totals
Taxable Non-Wage Income						
1 Municipality Where Earned						
2 NOL Carryforward from 2016						
NOL Carryforward from 2015						
NOL Carryforward from 2014						
NOL Carryforward from 2013						
NOL Carryforward from 2012						
3 Federal Schedule C Income (Loss)						
Federal Schedule E Income (Loss)						
Federal Schedule E pg 2, K-1 Income (Loss)						
4 Taxable non-wage Income						
5 Amounts greater than \$0 from Line above						
6 Total of positive net profits						
7 Percentage of total positive net profits						
8 Prior year NOL and current net (loss) totals						
9 If (loss) exceeds profit, STOP and enter 0						
10 Allowable (loss) based on percentage calculation						
11 Net profit after (loss) application						
12 Net profit * 1.5% City of Lakewood gross tax rate						
13 Enter amount of taxes paid to other municipality (Proof of taxes paid must be attached to return)						
14 Credit of 0.5% for taxes paid to other municipality						
15 Tax due						
16 Total tax due after credit calculation, enter on page 1, Line 10						

**NOTE: If line 9 shows a loss, determine the NOL carryforward amount for the next tax year by deducting "NOL Carryforward from 2012" amount from loss on line 9. Treatment of losses is subject to change as directed by ORC 718.*

TABLE C: FEDERAL 2106 EXPENSES

Attach all copies of Federal Schedule A and Form 2106

Dates wages were earned				LOCATION WHERE EARNED List each W2 separately	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	Column 8
MM	DD	MM	DD		Total Wages or Compensation	2106 Expense Amount Less 2% of AGI	Net Wages or Compensation	Withheld for Lakewood	Withheld for other localities	Tax Credit Limit (Column 3 x .01)	Smaller of Column 5 or 6	Tax Credit (Column 7 x .50)
				LAKWOOD								
				LAKWOOD								
Totals to Table A, Section A-2:										Total to Table A, Section A-2:		
							(Column 1)	(Column 2)				(Column 6)

TABLE D: TAXPAYER AND/OR SPOUSE EXEMPTION

Proof may be required. Please see instructions.

Primary Taxpayer _____

- Retired as of _____
- Social Security / disability income only for all of 2017
- Unemployment income for all of 2017
- No taxable income for 2017 - explain: _____
- Under 18 for all of 2017 - Date of birth: ____ / ____ / ____
- Active military duty income only for all of 2017
- Non-resident for all of 2017
- Business/rental closed or sold - _____

Joint Taxpayer _____

- Retired as of _____
- Social Security / disability income only for all of 2017
- Unemployment income for all of 2017
- No taxable income for 2017 - explain: _____
- Under 18 for all of 2017 - Date of birth: ____ / ____ / ____
- Active military duty income only for all of 2017
- Non-resident for all of 2017
- Business/rental closed or sold - _____