

**CITY OF NORTH RIDGEVILLE, OHIO  
INCOME TAX RETURN**

INCOME TAX DEPARTMENT  
7307 Avon Belden Road  
North Ridgeville, Ohio 44039

Telephone: (440) 353-0847 or 353-0846, Fax: (440) 353-0118

FORM FR  
**2009**

Due by April 15, 2010  
- or -  
Within 3 1/2 months  
after fiscal year end.



FOR OFFICE USE

FR \_\_\_\_\_ P1 \_\_\_\_\_ P3 \_\_\_\_\_  
OF09 \_\_\_\_\_ OF10 \_\_\_\_\_ I1 \_\_\_\_\_  
DE \_\_\_\_\_ AUD. \_\_\_\_\_  
QI \_\_\_\_\_ REF. \_\_\_\_\_

**PART A**  
**1. WAGES AND COMPENSATION**

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

**F O R M**

**Individual (Including joint return)**  
YOUR SOCIAL SECURITY NUMBER \_\_\_\_\_ SPOUSE'S SOCIAL SECURITY NUMBER \_\_\_\_\_  
[ ][ ][ ][ ] - [ ][ ][ ] - [ ][ ][ ][ ][ ]      [ ][ ][ ][ ] - [ ][ ][ ] - [ ][ ][ ][ ][ ]

**Net Profits Return - Business (Part D)**  
FEDERAL EMPLOYER IDENTIFICATION NUMBER [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Resident  Non-Resident  Part Year Resident (dates \_\_\_\_\_)

Location where earned (as shown on W-2 form) <b>Caution:</b> List separately wages earned in North Ridgeville and Other Communities.	Column 1A	Column 1B	<b>Caution:</b> A copy of all W-2 forms must be attached. List each W-2 separately.		
	Total wages (as shown on W-2 form)	Withheld for N. Ridgeville	Column 1C	Column 1D	Column 1E
North Ridgeville	\$ _____	\$ _____	Withheld for other cities	1% of Line From Column 1A	<b>Lesser</b> of Column 1C or 1D
Other Community (List separately each community, attach detail schedule if necessary.)	_____	_____			
Form 2106 expenses (see instructions)	( _____ )	_____	\$ _____	\$ _____	\$ _____
<b>Total</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>Total</b>	<b>Total</b>	<b>\$ _____</b>

1A (To line 2a)

1B (To line 4b)

1E (To line 4c)

**SHORT FORM FILES - STOP HERE. SIGN BELOW AND RETURN BY MARCH 15, 2010**

**2. INCOME**

- a. Total wages and compensation (From 1A).....2a. \_\_\_\_\_
- b. Total other income - individuals (From Part C, line 11A - but not less than \$0) .....2b. \_\_\_\_\_
- c. Total net profits - (From Part D, line 15) .....2c. \_\_\_\_\_
- d. Total (Add lines 2a through 2c).....2d. \_\_\_\_\_
- 3. NORTH RIDGEVILLE CITY TAX - 1%** (Multiply line 2d times .01) .....3. \_\_\_\_\_

**4. PAYMENTS AND CREDITS**

**Column F**

- a. Estimated payments and prior year overpayment credit.....4a. \_\_\_\_\_
- b. Withheld for North Ridgeville (From 1B) .....4b. \_\_\_\_\_
- c. Other city credit allowance (From 1E) .....4c. \_\_\_\_\_ x .10 = \_\_\_\_\_
- d. Direct payments to other cities (From Part C, line 11E) .....4d. \_\_\_\_\_ x .10 = \_\_\_\_\_
- e. Direct payments to North Ridgeville (From Part C, line 11B) .....4e. \_\_\_\_\_
- f. Total payments and credits (Add lines 4a through 4e, Column F) .....4f. \_\_\_\_\_

**5. BALANCE OF TAX DUE (OVERPAID) - (Subtract line 4f from line 3).....5. \_\_\_\_\_**

**6. PENALTY AND INTEREST** P3 (Quarters) \_\_\_\_\_

a. Penalty (Minimum \$25) \_\_\_\_\_ b. Interest \_\_\_\_\_ Total 6a. and 6b. = 6c. \_\_\_\_\_

**7. BALANCE DUE (Combine lines 5 and 6c) .....7. \_\_\_\_\_**

**8. OVERPAYMENT (If line 4f exceeds the total of lines 3 and 6c) .....8. \_\_\_\_\_**

8a.  Refund (if \$1 or more) \$ \_\_\_\_\_ 8b.  Credit to 2010 estimated tax.....\$ \_\_\_\_\_

**9. ESTIMATED TAX (If \$50 or more for 2010) (SEE INSTRUCTIONS)**

- a. Total estimated tax .....9a. \_\_\_\_\_
- b. Amount of this estimate (Minimum 1/4 of Line 9a. less Line 8b. credit) .....9b. \_\_\_\_\_

**10. TOTAL DUE (Add lines 7 and 9b.)**  
(Make check or money order payable to "City of N. Ridgeville, Tax Dept.", if \$1 or more) .....10.\$ \_\_\_\_\_

The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated and that the figures used herein are the same as used for Federal Income Tax purposes, unless otherwise required by local ordinance or statute, and if an audit of Federal return is made which affects tax liability shown on this return, an amended return will be filed within 3 months.

We/I authorize the Income Tax Department to discuss my account with the tax preparer.

Signature \_\_\_\_\_ (Title) \_\_\_\_\_ (Date) \_\_\_\_\_  
Preparer's signature (other than taxpayer) \_\_\_\_\_ (Date) \_\_\_\_\_  
Signature of spouse, if this is a joint return \_\_\_\_\_ (Date) \_\_\_\_\_  
Address (and Zip Code) \_\_\_\_\_ F.E.I.N. or Soc. Sec. No. \_\_\_\_\_

**[Attach W-2(s) and postcard here]**

