

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
2007

Due by April 15, 2008
- or -
Within 3 1/2 months
after fiscal year end.

FOR OFFICE USE	
FR _____	P1 _____ P3 _____
OF07 _____ OF08 _____	I1 _____
DE _____	AUD. _____
QI _____	REF. _____

PART A
1. WAGES AND COMPENSATION

Phone #: _____ E-mail: _____

F O R	<input type="checkbox"/> Individual (Including joint return)
	YOUR SOCIAL SECURITY NUMBER <input type="text"/> - <input type="text"/> - <input type="text"/> SPOUSE'S SOCIAL SECURITY NUMBER <input type="text"/> - <input type="text"/> - <input type="text"/>
	<input type="checkbox"/> Net Profits Return - Business (Part D)
	FEDERAL EMPLOYER IDENTIFICATION NUMBER <input type="text"/>

Resident Non-Resident Part Year Resident (dates _____)

Location where earned (as shown on W-2 form) Caution: List separately wages earned in North Ridgeville and Other Communities.	Column 1A	Column 1B	Caution: 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	Lesser of Column 1C or 1D
Other Community (List separately each community, attach detail schedule if necessary.)	_____	_____			
Form 2106 expenses (see instructions)	(_____)	_____	\$ _____	\$ _____	\$ _____
Total	\$ _____	\$ _____	Total	Total	Total

1A (To line 2a)

1B (To line 4b)

1E (To line 4c)

SHORT FORM FILES - STOP HERE. SIGN BELOW AND RETURN BY MARCH 15, 2008

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 2008 estimated tax.....\$ _____

9. ESTIMATED TAX (If \$50 or more for 2008)

(SEE INSTRUCTIONS)

- a. Total estimated tax9a. _____
- 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]

