



# **Individual Municipal Income Tax Forms**

Tax forms due April 15, 2025

eFile with CCA at https://efile2.ccatax.ci.cleveland.oh.us

Name			Social Secu	rity No.
			_	_
Name of spouse if joint return				
			_	_
Current address		Apt. #		
City	State	Zip		
		·		

Read the instruction booklet to determine whether you have taxable income for municipal income tax purposes.

If you have taxable income, complete and file the City Tax Form.

If you have no taxable income for municipal purposes, complete and file the Exemption Certificate below.

#### **CCA MEMBER MUNICIPALITIES**

**Grand Rapids** New Carlisle Orwell Shreve Burton Clayton **Grand River New Madison** Paulding Somerset New Miami South Russell Cleveland Highland Hills Phillipsburg **New Paris** Union Dalton Linndale Pitsburg North Baltimore Riverside West Milton Edon Marble Cliff Mentor-on-the-Lake North Randall Rock Creek Elida Geneva-on-the-Lake Montpelier Oakwood (Paulding County) Russells Point Germantown Munroe Falls Obetz Seville

## **EXEMPTION CERTIFICATE**

I LIVE IN A MANDATORY FILING COMMUNITY AND I AM NOT REQUIRED TO PAY MUNICIPAL INCOME TAX BECAUSE:

- 1. ☐ RETIRED, received only pension, Social Security, interest or dividend income
- 2. MEMBER OF THE ARMED FORCES OF THE UNITED STATES FOR THE ENTIRE YEAR 2024. (This does not include civilians employed by the military or National Guard.)
- 3. UNDER 18 FOR THE ENTIRE YEAR 2024.

- 4. ☐ NO EARNED INCOME FOR THE ENTIRE YEAR 2024. (Public Assistance, Unemployment, SSI, etc.)
- 5. BUSINESS CLOSED OR RENTAL PROPERTY SOLD prior to 1/1/24.

IF EXEMPT, COMPLETE, DETACH AND RETURN THE EXEMPTION CERTIFICATE IN THE ENCLOSED ENVELOPE. KEEP TOP PORTION FOR YOUR RECORDS.

IF YOU ARE NOT FILING THIS EXEMPTION CERTIFICATE, PLEASE DISCARD.

CCA – DIVISION OF TAXATION 205 W SAINT CLAIR AVE CLEVELAND OH 44113-1503	2024 EXE	MPTION CERTIFICA	ATE	
H) CLEVELAND OH 44113-1503		☐ SHOW NAI	AME OR ADDRESS CHANGES ON	REVERSE
Name			Social Security No.	
Name of spouse if joint return				
Current address		Apt. #		
City	State	Zip		
I LIVE IN A MANDATORY FILING COMM	IUNITY AND I AM NOT REC	UIRED TO PAY MUNICIPAL IN	INCOME TAX BECAUSE:	

- RETIRED, received only pension, Social Security, Interest or Dividend Income
- ☐ RETIRED, received only pension, Social Security, Interest or Div ☐ MEMBER OF THE ARMED FORCES OF THE UNITED STATES FOR THE ENTIRE YEAR 2024. (This does not include civilians employed by the military or National Guard.)
  ☐ UNDER 18 FOR THE ENTIRE YEAR 2024.

SIGNATURE OF TAXPAYER

- 4. NO EARNED INCOME FOR THE ENTIRE YEAR 2024.
  - (Public Assistance, Unemployment, SSI, etc.)
- 5. BUSINESS CLOSED OR RENTAL PROPERTY SOLD prior to 1/1/24.

Do you authorize your preparer to contact us regarding this return? YES  $\square$  NO  $\square$ SIGNATURE OF SPOUSE, IF JOINT RETURN SIGNATURE OF PREPARER, PHONE NUMBER DATE IF NOT TAXPAYER

# IF YOU ARE NOT FILING THIS EXEMPTION CERTIFICATE, PLEASE DISCARD.

## **SHOW NAME AND ADDRESS CHANGES BELOW**

Taxpayer Name			Social Security No.
Name of spouse if joint return			
Address		Apt. #	Move In
			/ /
City	State	Zip	Move Out

#### **CCA - DIVISION OF TAXATION** 216.664.2070 • 800.223.6317 **2024–City Tax Form** — Due April 15, 2025 www.ccatax.ci.cleveland.oh.us ☐ Refund □ Amended 90% payment due January 15, 2025 □ Individual □ Joint ☐ Extension Attached to avoid penalty and interest (see ordinance) TAXABLE INCOME CCA FORM 120-16-IR 1. Employer's Name CITY INCOME Social Security No. Name Name of spouse if joint return Current address Apt # Move In City, State, Zip Move Out (Attach W-2s) or 1099s 2. Total Wages IF MOVED DURING THE YEAR SHOW CHANGES BELOW 3. Business Income (Attach Schedule E 4. Rental Income Attach dule E & K-1) 5. K-1 Income 6. Other Income Source Move Out CITY OF RESIDENCE PHONE NUMBER NOTE: IF TOTAL WAGES WERE EARNED IN THE SAME CITY YOU LIVED IN AND CITY TAX WAS CORRECTLY WITHHELD, COMPLETE PEACH SECTIONS ONLY, SIGN, DATE, ATTACH W-2 FORMS AND MAIL RETURN. ALL OTHERS SEE INSTRUCTIONS AND COMPLETE FORM IN ITS ENTIRETY. **SECTION A** Employment / Profit Tax 2024 COLUMN 2 COLUMN 3 COLUMN 4 COLUMN 1 COLUMN 5 COLUMN 6 COLUMN 7 **COLUMN 8** Less: Tax Withheld (Attach W-2) Or Paid Other Cities MUST ATTACH W-2 BELOW REMITTANCE Less: Tax Paid On Employment Tax Estimate Work City Name List Each City Only Once Tax Due CCA Work Ν (If \$10.00 or less enter zero) City Tax ess: Prio Ε Year Credit **Taxable Income** Rate Tax Due 9 Total each column. Add positive figures only in Column 8. 10 CREDIT REFUND 11a 11b 헏 If a negative figure is shown in Column 8, enter as credit or refund. The credit or refund amount must be greater than \$10.00. 11 8 **SECTION A-1** Employment / Profit Tax Estimate 2025 (See instructions) – must be completed to receive 2025 Estimated Bills MONEY ORDER OR CREDIT CARD AUTHORIZATION COLUMN 11 2024 Credit COLUMN 9 COLUMN 12 COLUMN 10 **COLUMN 13** Balance (Col. 10 Less Col. 11) Estimated Payment Due (¼ of Col. 10 less Col. 11) Work City Tax Due (From Col. 8 only) 12 13 Total each column Residence Tax 2024 (Refer to Schedule R Worksheet on reverse of form before proceeding to Line 14) **SECTION B** COLUMN 20 Tax Due CCA (If \$10.00 or less COLUMN 14 **COLUMN 15** COLUMN 16 COLUMN 17 COLUMN 18 COLUMN 19 ess: Residence Tax Withheld (Attach W-2) Less: Tax Paid On Residence Tax Estimate Tax Due Schedule R Residence City Taxable Income enter zero) 14 Total each column. Add positive figures only in Column 20. If a negative figure is shown in Column 20, enter as credit or refund. The credit or refund amount must be greater than \$10.00. 16 **SECTION B-1** Residence Tax Estimate 2025 (See instructions) - must be completed to receive 2025 Estimated Bills COLUMN 23 2024 Credit (From Line 16a only) COLUMN 21 **COLUMN 22 COLUMN 24** COLUMN 25 Payment Due (1/4 of Col. 22 less Col. 23) **Estimated** Balance (Col. 22 Less Col. 23) Residence City Residence Tax Tax Due with this return - Add figures shown in last column of Lines 10-13-15-17 Write Taxpayer Identification Number on remittance. Make check payable to CCA - Division of Taxation. Do you authorize your preparer to contact us regarding this return? YES $\square$ NO $\square$ Signature of Taxpayer Signature of Spouse, if joint return DATE Signature of Preparer, if not Taxpayer DATE SIGN HERE Payment Enclosed - Mail to: CCA - DIVISION OF TAXATION Refund Request - Mail to: CCA – DIVISION OF TAXATION NO Payment Enclosed - Mail to: CCA - DIVISION OF TAXATION MAIL PO BOX 94810 PO BOX 94723 PO BOX 94520 TO Cleveland OH 44101-4723 Cleveland OH 44101-4810 Cleveland OH 44101-4520 L DETACH HERE -CREDIT CARD AUTHORIZATION C C CCA – DIVISION OF TAXATION TO CHARGE YOUR INCOME TAX DUE YOU MUST COMPLETE THE FOLLOWING: CHECK ONE UVISA □DISCOVER □AMERICAN EXPRESS □MASTERCARD Taxpayer's name Taxpayer's Social Security No CCA Account Number Cardholder's name W Cardholder's address Apt. # City State Zip **CARD NUMBER** TOTAL AMOUNT CHARGED \$ **EXPIRATION DATE** V CODE

CARDHOLDER'S AUTHORIZED SIGNATURE

MO.

YR.

DATE

#### SCHEDULE L Schedule of Business and Rental Losses

five (5) years. A loss in one city may offset a business or rental gain in the same city. See municipal ordinance for exceptions. Individuals with net profit/distributive share income sourced in multiple municipalities with current and/or prior year losses refer to the CCA Resident Business/Rental Income Worksheet.

City	Year End	Taxable Income or Loss	Allowable Loss From Prior Year	Total Adjusted Income

							Α			ILE R		PERCE	ENTAGE	RATE	S						
MUNICIPALITY	NO TAY						(FIND	DJUST YOUR V	VORK (	CITY RA	TE IN 1	THE SH	ADED A	RÉA BI	ELOW)						
MONION ALITY	NO TAX WITH- HELD	.5%	.75%	1%	1.1%	1.12%	1.2%	1.25%	1.4%	1.5%	1.6%	1.65%	1.75%	1.8%	2%	2.25%	2.4%	2.5%	2.6%	2.75%	3%
Burton	1	.75	.63	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50
Clayton	1.5	1.25	1.13	1	.95	.94	.90	.88	.80	.75	.75	.75	.75	.75	.75	.75	.75	.75	.75	.75	.75
Cleveland	2.5	2	1.75	1.5	1.4	1.38	1.3	1.25	1.1	1	.90	.85	.75	.70	.50	.25	.10	0	0	0	0
Dalton	1.5	1	.75	.50	.40	.38	.30	.25	.10	0	0	0	0	0	0	0	0	0	0	0	0
Edon	1.75	1.25	1	.75	.65	.63	.55	.50	.35	.25	.15	.10	0	0	0	0	0	0	0	0	0
Elida	.75	.75	.75	.75	.75	.75	.75	.75	.75	.75	.75	.75	.75	.75	.75	.75	.75	.75	.75	.75	.75
Geneva-on-the-Lake	1.5	1	.75	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50
Germantown	1.5	1.2	1.05	.90	.84	.83	.78	.75	.66	.60	.60	.60	.60	.60	.60	.60	.60	.60	.60	.60	.60
Grand Rapids	1	.75	.63	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50
Grand River	2	1.5	1.25	1	.90	.88	.80	.75	.60	.50	.40	.35	.25	.20	0	0	0	0	0	0	0
Highland Hills	2.5	2	1.75	1.5	1.4	1.38	1.3	1.25	1.1	1	.90	.85	.75	.70	.50	.25	.10	0	0	0	0
Linndale	2	1.5	1.25	1	.90	.88	.80	.75	.60	.50	.40	.35	.25	.20	0	0	0	0	0	0	0
Marble Cliff	2	1.5	1.25	1	.90	.88	.80	.75	.60	.50	.40	.35	.25	.20	0	0	0	0	0	0	0
Mentor-on-the-Lake	2	1.5	1.25	1	.90	.88	.80	.75	.60	.50	.40	.35	.25	.20	0	0	0	0	0	0	0
Montpelier	1.6	1.1	.85	.60	.50	.48	.40	.35	.20	.10	0	0	0	0	0	0	0	0	0	0	0
Munroe Falls	2.25	1.75	1.5	1.25	1.15	1.13	1.05	1	.85	.75	.65	.60	.50	.45	.25	0	0	0	0	0	0
New Carlisle	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5
New Madison	1	.50	.25	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
New Miami	1.75	1.25	1	.75	.65	.63	.55	.50	.35	.25	.15	.10	0	0	0	0	0	0	0	0	0
New Paris	1	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50
North Baltimore	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
North Randall	2.75	2.25	2	1.75	1.65	1.63	1.55	1.5	1.35	1.25	1.15	1.1	1	.95	.75	.50	.35	.25	.15	0	0
Oakwood (Paulding County)	1	.50	.25	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Obetz	2.5	2	1.75	1.5	1.4	1.38	1.3	1.25	1.1	1	.90	.85	.75	.70	.50	.25	.10	0	0	0	0
Orwell	1.5	1	.75	.50	.40	.38	.30	.25	.10	0	0	0	0	0	0	0	0	0	0	0	0
Paulding	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1
Phillipsburg	1.5	1	.75	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50
Pitsburg	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Riverside	2.5	2	1.75	1.5	1.4	1.38	1.3	1.25	1.1	1	.90	.85	.75	.70	.50	.25	.10	0	0	0	0
Rock Creek	1	.50	.25	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Russells Point	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Seville	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Shreve	1	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50
Somerset	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
South Russell	1.25	.88	.69	.50	.43	.41	.35	.31	.31	.31	.31	.31	.31	.31	.31	.31	.31	.31	.31	.31	.31
Union	1.5	1	.75	.50	.40	.38	.30	.25	.10	0	0	0	0	0	0	0	0	0	0	0	0
West Milton	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5

SCHEDULE R WORKSHEET - DO NOT INCLUDE INCOME REPORTED ON THE CCA RESIDENT BUSINESS / RENTAL INCOME WORKSHEET									
COLUMN 1 WORK CITY	COLUMN 2 TAXABLE INCOME	COLUMN 3 RESIDENCE CITY	COLUMN 4 SCHEDULE R TAX RATE FROM ABOVE	COLUMN 5 RESIDENCE TAX DUE COLUMN 2 TIMES COLUMN 4					
			%						
			%						
			%						
**									
TOTALS									
Enter totals on tax return	LINE 14, COLUMN 15			LINE 14, COLUMN 16					

### SCHEDULE R WORKSHEET INSTRUCTIONS

Do not include income reported on the CCA Resident Business/Rental Income Worksheet.

**Column 1** Enter name of your work city. If more than one city, list each city separately. If work city is the same as residence city, enter name of work city on the \*\* line.

NOTE: Income earned in same city you live in with employment tax withheld correctly is not subject to residence tax.

Column 2 Enter taxable income earned in each city listed in Column 1. Add all figures and enter total on front of form on line 14, column 15.

Column 3 Enter name of residence city. If residence city changed during year, prorate Column 2.

Column 4 To locate your adjusted residence tax rate:

(a) Find the WORK CITY RATE in the shaded area of SCHEDULE R.

(b) Follow that WORK CITY column down until you reach the row naming your residence city.

(c) Circle that percentage and enter in Column 4.

Column 5 Multiply Column 2 by Column 4 and enter the tax due. Add all figures and enter total on front of form on line 14, column 16.

#### **CCA - DIVISION OF TAXATION** 216.664.2070 • 800.223.6317 **2024–City Tax Form** — Due April 15, 2025 www.ccatax.ci.cleveland.oh.us ☐ Refund □ Amended 90% payment due January 15, 2025 □ Individual □ Joint ☐ Extension Attached to avoid penalty and interest (see ordinance) TAXABLE INCOME CCA FORM 120-16-IR 1. Employer's Name CITY INCOME Social Security No. Name Name of spouse if joint return Current address Apt # Move In City, State, Zip Move Out (Attach W-2s) or 1099s 2. Total Wages IF MOVED DURING THE YEAR SHOW CHANGES BELOW 3. Business Income (Attach Schedule E 4. Rental Income Attach dule E & K-1) 5. K-1 Income 6. Other Income Source Move Out **CITY OF RESIDENCE** PHONE NUMBER NOTE: IF TOTAL WAGES WERE EARNED IN THE SAME CITY YOU LIVED IN AND CITY TAX WAS CORRECTLY WITHHELD, COMPLETE PEACH SECTIONS ONLY, SIGN, DATE, ATTACH W-2 FORMS AND MAIL RETURN. ALL OTHERS SEE INSTRUCTIONS AND COMPLETE FORM IN ITS ENTIRETY. **SECTION A** Employment / Profit Tax 2024 COLUMN 2 **COLUMN 3** COLUMN 4 COLUMN 1 **COLUMN 5** COLUMN 6 COLUMN 7 **COLUMN 8** Less: Tax Withheld (Attach W-2) Or Paid Other Cities MUST ATTACH W-2 BELOW REMITTANCE Less: Tax Paid On Employment Tax Estimate Work City Name List Each City Only Once Tax Due CCA Work Ν (If \$10.00 or less enter zero) City Tax ess: Prio Tax Due Year Credit Taxable Income Rate 9 Total each column. Add positive figures only in Column 8. 10 CREDIT REFUND 11a 11b 헏 If a negative figure is shown in Column 8, enter as credit or refund. The credit or refund amount must be greater than \$10.00. 11 8 **SECTION A-1** Employment / Profit Tax Estimate 2025 (See instructions) - must be completed to receive 2025 Estimated Bills MONEY ORDER OR CREDIT CARD AUTHORIZATION COLUMN 11 2024 Credit **COLUMN 9** COLUMN 12 COLUMN 10 **COLUMN 13** Balance (Col. 10 Less Col. 11) Estimated Payment Due (¼ of Col. 10 less Col. 11) Work City Tax Due (From Col. 8 only) 12 13 Total each column Residence Tax 2024 (Refer to Schedule R Worksheet on reverse of form before proceeding to Line 14) **SECTION B** COLUMN 20 Tax Due CCA (If \$10.00 or less COLUMN 14 **COLUMN 15** COLUMN 16 COLUMN 17 COLUMN 18 COLUMN 19 ess: Residence Tax Withheld (Attach W-2) Less: Tax Paid On Residence Tax Estimate Tax Due Schedule R Residence City Taxable Income enter zero) 14 Total each column. Add positive figures only in Column 20. If a negative figure is shown in Column 20, enter as credit or refund. The credit or refund amount must be greater than \$10.00. 16 **SECTION B-1** Residence Tax Estimate 2025 (See instructions) - must be completed to receive 2025 Estimated Bills COLUMN 23 2024 Credit (From Line 16a only) COLUMN 21 **COLUMN 22 COLUMN 24** COLUMN 25 Payment Due (1/4 of Col. 22 less Col. 23) **Estimated** Balance (Col. 22 Less Col. 23) Residence City Residence Tax Tax Due with this return - Add figures shown in last column of Lines 10-13-15-17 Write Taxpayer Identification Number on remittance. Make check payable to CCA - Division of Taxation. Do you authorize your preparer to contact us regarding this return? YES $\square$ NO $\square$ Signature of Taxpayer Signature of Spouse, if joint return DATE Signature of Preparer, if not Taxpayer DATE SIGN HERE Payment Enclosed - Mail to: CCA - DIVISION OF TAXATION Refund Request - Mail to: CCA – DIVISION OF TAXATION NO Payment Enclosed - Mail to: CCA - DIVISION OF TAXATION MAIL PO BOX 94810 PO BOX 94723 PO BOX 94520 TO Cleveland OH 44101-4723 Cleveland OH 44101-4810 Cleveland OH 44101-4520 L DETACH HERE -CREDIT CARD AUTHORIZATION C C CCA – DIVISION OF TAXATION TO CHARGE YOUR INCOME TAX DUE YOU MUST COMPLETE THE FOLLOWING: CHECK ONE UVISA □DISCOVER □AMERICAN EXPRESS □MASTERCARD Taxpayer's name Taxpayer's Social Security No CCA Account Number Cardholder's name W Cardholder's address Apt. # City State Zip **CARD NUMBER** TOTAL AMOUNT CHARGED \$ **EXPIRATION DATE** V CODE

CARDHOLDER'S AUTHORIZED SIGNATURE

MO.

YR.

DATE

#### SCHEDULE L Schedule of Business and Rental Losses

five (5) years. A loss in one city may offset a business or rental gain in the same city. See municipal ordinance for exceptions. Individuals with net profit/distributive share income sourced in multiple municipalities with current and/or prior year losses refer to the CCA Resident Business/Rental Income Worksheet.

City	Year End	Taxable Income or Loss	Allowable Loss From Prior Year	Total Adjusted Income

							Α			ILE R		PERCE	ENTAGE	RATE	S						
MUNICIPALITY	NO TAY						(FIND	DJUST YOUR V	VORK (	CITY RA	TE IN 1	THE SH	ADED A	RÉA BI	ELOW)						
MONION ALITY	NO TAX WITH- HELD	.5%	.75%	1%	1.1%	1.12%	1.2%	1.25%	1.4%	1.5%	1.6%	1.65%	1.75%	1.8%	2%	2.25%	2.4%	2.5%	2.6%	2.75%	3%
Burton	1	.75	.63	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50
Clayton	1.5	1.25	1.13	1	.95	.94	.90	.88	.80	.75	.75	.75	.75	.75	.75	.75	.75	.75	.75	.75	.75
Cleveland	2.5	2	1.75	1.5	1.4	1.38	1.3	1.25	1.1	1	.90	.85	.75	.70	.50	.25	.10	0	0	0	0
Dalton	1.5	1	.75	.50	.40	.38	.30	.25	.10	0	0	0	0	0	0	0	0	0	0	0	0
Edon	1.75	1.25	1	.75	.65	.63	.55	.50	.35	.25	.15	.10	0	0	0	0	0	0	0	0	0
Elida	.75	.75	.75	.75	.75	.75	.75	.75	.75	.75	.75	.75	.75	.75	.75	.75	.75	.75	.75	.75	.75
Geneva-on-the-Lake	1.5	1	.75	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50
Germantown	1.5	1.2	1.05	.90	.84	.83	.78	.75	.66	.60	.60	.60	.60	.60	.60	.60	.60	.60	.60	.60	.60
Grand Rapids	1	.75	.63	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50
Grand River	2	1.5	1.25	1	.90	.88	.80	.75	.60	.50	.40	.35	.25	.20	0	0	0	0	0	0	0
Highland Hills	2.5	2	1.75	1.5	1.4	1.38	1.3	1.25	1.1	1	.90	.85	.75	.70	.50	.25	.10	0	0	0	0
Linndale	2	1.5	1.25	1	.90	.88	.80	.75	.60	.50	.40	.35	.25	.20	0	0	0	0	0	0	0
Marble Cliff	2	1.5	1.25	1	.90	.88	.80	.75	.60	.50	.40	.35	.25	.20	0	0	0	0	0	0	0
Mentor-on-the-Lake	2	1.5	1.25	1	.90	.88	.80	.75	.60	.50	.40	.35	.25	.20	0	0	0	0	0	0	0
Montpelier	1.6	1.1	.85	.60	.50	.48	.40	.35	.20	.10	0	0	0	0	0	0	0	0	0	0	0
Munroe Falls	2.25	1.75	1.5	1.25	1.15	1.13	1.05	1	.85	.75	.65	.60	.50	.45	.25	0	0	0	0	0	0
New Carlisle	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5
New Madison	1	.50	.25	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
New Miami	1.75	1.25	1	.75	.65	.63	.55	.50	.35	.25	.15	.10	0	0	0	0	0	0	0	0	0
New Paris	1	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50
North Baltimore	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
North Randall	2.75	2.25	2	1.75	1.65	1.63	1.55	1.5	1.35	1.25	1.15	1.1	1	.95	.75	.50	.35	.25	.15	0	0
Oakwood (Paulding County)	1	.50	.25	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Obetz	2.5	2	1.75	1.5	1.4	1.38	1.3	1.25	1.1	1	.90	.85	.75	.70	.50	.25	.10	0	0	0	0
Orwell	1.5	1	.75	.50	.40	.38	.30	.25	.10	0	0	0	0	0	0	0	0	0	0	0	0
Paulding	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1
Phillipsburg	1.5	1	.75	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50
Pitsburg	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Riverside	2.5	2	1.75	1.5	1.4	1.38	1.3	1.25	1.1	1	.90	.85	.75	.70	.50	.25	.10	0	0	0	0
Rock Creek	1	.50	.25	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Russells Point	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Seville	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Shreve	1	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50
Somerset	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
South Russell	1.25	.88	.69	.50	.43	.41	.35	.31	.31	.31	.31	.31	.31	.31	.31	.31	.31	.31	.31	.31	.31
Union	1.5	1	.75	.50	.40	.38	.30	.25	.10	0	0	0	0	0	0	0	0	0	0	0	0
West Milton	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5

SCHEDULE R WORKSHEET - DO NOT INCLUDE INCOME REPORTED ON THE CCA RESIDENT BUSINESS / RENTAL INCOME WORKSHEET									
COLUMN 1 WORK CITY	COLUMN 2 TAXABLE INCOME	COLUMN 3 RESIDENCE CITY	COLUMN 4 SCHEDULE R TAX RATE FROM ABOVE	COLUMN 5 RESIDENCE TAX DUE COLUMN 2 TIMES COLUMN 4					
			%						
			%						
			%						
**									
TOTALS									
Enter totals on tax return	LINE 14, COLUMN 15			LINE 14, COLUMN 16					

### SCHEDULE R WORKSHEET INSTRUCTIONS

Do not include income reported on the CCA Resident Business/Rental Income Worksheet.

**Column 1** Enter name of your work city. If more than one city, list each city separately. If work city is the same as residence city, enter name of work city on the \*\* line.

NOTE: Income earned in same city you live in with employment tax withheld correctly is not subject to residence tax.

Column 2 Enter taxable income earned in each city listed in Column 1. Add all figures and enter total on front of form on line 14, column 15.

Column 3 Enter name of residence city. If residence city changed during year, prorate Column 2.

Column 4 To locate your adjusted residence tax rate:

(a) Find the WORK CITY RATE in the shaded area of SCHEDULE R.

(b) Follow that WORK CITY column down until you reach the row naming your residence city.

(c) Circle that percentage and enter in Column 4.

Column 5 Multiply Column 2 by Column 4 and enter the tax due. Add all figures and enter total on front of form on line 14, column 16.