



**WORKSHEET A – QUALIFYING WAGES** (generally include Box 5 (Medicare) wages. See line by line instructions for details Attach all Forms W-2.

COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6
EMPLOYER	CITY WHERE EMPLOYED	INCOME FROM EACH LOCAL W-2	2106 EXPENSES, IF ANY	LINCOLN HEIGHTS TAX WITHHELD	OTHER CITY TAX WITHHELD (NOT TO EXCEED 1%)
1.					
2.					
3.					
4.					
TOTALS					

**WORKSHEET B – OTHER INCOME** (Schedules C, E, F, K-1, 1099-MISC, W-2G, etc. To avoid a delay in processing, attach supporting documents.)

1. SCHEDULE C – Profit or Loss from Business <i>Attach Form 1040, Schedule C</i>		
(a) Net Profit/(Loss) From Federal Schedule C		1a.
(b) % Allocable to Lincoln Heights – Residents; use 100%		1b. %
(c) Lincoln Heights Profit/(Loss) (Line 1a multiplied by 1b)	1c.	
2. SCHEDULE E – Profit or Loss from Rents/Royalties <i>Attach Form 1040, Schedule E</i>	2.	
3. SCHEDULE E – Profit or Loss from Partnerships <i>Attach Form 1040, Schedule E and Forms K-1</i>	3.	
4. SCHEDULE F – Profit or Loss from Farming <i>Attach Form 1040, Schedule F</i>	4.	
5. 1099-MISC – Miscellaneous Income <i>Attach Form(s) 1099-MISC and Form 1040 Page 1</i>	5.	
6. W-2G – Gambling Winnings <i>Attach Form(s) W-2G</i>	6.	
7. OTHER – List separately and provide detail	7.	
8. SUBTOTAL (Add Lines (1c) through (7))		8.
9. LESS: LOSS CARRYFORWARD 2013 ( ) + 2014 ( ) + 2015 ( ) =		9. ( )
10. TOTAL (Line 8 minus Line 9) ENTER ON PAGE 1, LINE 2A		10.

**WORKSHEET C – CLAIM FOR REFUND** (Note: your return is not considered complete unless all required documentation is attached.)

REFUND OF TAX WITHHELD FOR PERSONS UNDER AGE 18 <i>Attach a copy of your birth certificate or Ohio ID</i>		
1. Enter your total wages for the year.	1.	
2. Enter wages earned while under age 18.	2.	
3. Subtract Line 2 from Line 1. ENTER ON PAGE 1, LINE 1		3.
REFUND OF TAX WITHHELD IN EXCESS OF LIABILITY		
4. If Lincoln Heights tax was improperly withheld from your wages, enter your total wages from that employer	4.	
5. Enter wages upon which tax was improperly withheld. <i>Attach paystub and explanation</i>	5.	
6. Line 4 minus Line 5. ENTER ON PAGE 1, LINE 1		6.
REFUND OF TAX WITHHELD FOR DAYS WORKED OUTSIDE OF LINCOLN HEIGHTS – NONRESIDENTS ONLY		
7. Total Days Available (365 days minus weekends or days not worked)	7.	
8. Less: (a) Holiday Days <i>Attach listing including specific dates</i>	8a.	
(b) Vacation Days <i>Attach listing including specific dates</i>	8b.	
(c) Sick Days <i>Attach listing including specific dates</i>	8c.	
9. Total Available Working Days (Line 7 less Lines 8a, 8b, 8c)	9.	
10. Less: Days Worked Out of Town <i>Attach listing including specific dates and locations worked</i>	10.	
11. Days Worked in the Village of Lincoln Heights (Line 9 minus Line 10)	11.	
12. Qualifying Wages (Generally Box 5 of Form W-2)	12.	
13. % of Income Taxable to Lincoln Heights (Line 11 divided by Line 9)	13.	%
14. Lincoln Heights Taxable Wages (Line 12 multiplied by Line 13) ENTER ON PAGE 1, LINE 1		14.

**2017 DECLARATION & RETURN PAYMENT CALENDAR**

APRIL 18, 2017	JULY 15, 2017	OCTOBER 15, 2017	JANUARY 15, 2018	APRIL 15, 2018
File Declaration & Remit 1 <sup>st</sup> Quarter Payment	Remit 2 <sup>nd</sup> Quarterly Payment	Remit 3 <sup>rd</sup> Quarterly Payment	Remit 4 <sup>th</sup> Quarterly Payment	File Return & Remit 1 <sup>st</sup> Quarterly Payment