



2025 NORWOOD BUSINESS EARNINGS TAX RETURN

DUE ON OR BEFORE APRIL 15, 2026 or Fiscal Period
Beginning _____, 20____ Ending, 20____

File this Return and REMITTANCE with:

**NORWOOD TAX DEPARTMENT, 4645 MONTGOMERY ROAD
NORWOOD, OH 45212-2689
OFFICE 513-458-4590, FAX 513-458-4581**

NECESSARY INFORMATION

1. Check type of Organization:
 Sole Proprietor Partnership
 Corporation Other
2. Date Business Started or was Incorporated _____
3. Did you have any Employees in 2025? Yes No
4. Are All Places of Business Subject to Norwood Earnings Tax included in This Return? Yes No
5. Federal I.D. or Social Security No. _____
6. Telephone No. _____
If Moved During Year Give Date: IN _____ OUT _____
7. Final Return? Yes No
8. If yes, answer #9 and/or #11, page 2
(Additional questions on back, page 2)

IF NOT SHOWN, TYPE OR PRINT NAME AND ADDRESS CLEARLY
POST OFFICE BOX # IS NOT ACCEPTABLE IDENTIFYING ADDRESS

1.	ADJUSTED FEDERAL INCOME (ATTACH COPY OF FEDERAL RETURN) Include Sched. Z Pg. 2	\$ _____	
2.	a. Add items not deductible (From line H Schedule X, Page 2) ADD _____		
	b. Deduct items not taxable (From line M Schedule X, Page 2)..... DEDUCT _____		
	c. Difference between 2a & 2b to be added or subtracted from Line 1 (+ or -)	\$ _____	
3.	ADJUSTED NET INCOME		
	a. PROFIT/LOSS (Line 1 Plus or Minus Line 2c, if Schedule X is used)	\$ _____	
	b. Amount of Line 3a Apportioned (% from Line 5 Schedule Y, Page 2).....	\$ _____	
	c. Less allowable net loss from previous Norwood tax returns (5 year limit)	\$ _____	
4.	AMOUNT SUBJECT TO NORWOOD EARNINGS TAX (Line 3b less Line 3c).....	\$ _____	
5.	NORWOOD TAX: AT THE RATE OF 2.0% of Line 4	\$ _____	
6.	CREDITS:		
	a. Deduct payments made on Declaration of Estimated Norwood Tax	\$ _____	
	b. Prior year Overpayments	\$ _____	
	c. TOTAL CREDITS ALLOWABLE	\$ _____	
7.	BALANCE OF TAX DUE (Line 5 less Line 6c).....	\$ _____	
8.	OVERPAYMENT: _____		
	PLEASE REFUND _____ OR APPLY TO 2026 ESTIMATED TAX	\$ _____	

DECLARATION OF ESTIMATED TAX FOR YEAR 2026

(QUARTERLY PAYMENTS MANDATORY IF ESTIMATED LIABILITY IS \$200.00 OR HIGHER)

9.	TOTAL INCOME SUBJECT TO TAX \$ MULTIPLY BY RATE OF 2.0% FOR GROSS TAX OF	\$ _____	
10.	LESS TOTAL CREDITS:		
	a. OVERPAYMENT FROM PRIOR YEAR	\$ _____	
	b. AMOUNT OF 2025 ESTIMATE PAID	\$ _____	= \$ _____
11.	AMOUNT PAID WITH THIS DECLARATION (NOT LESS THAN ¼ OF LINE 9 LESS LINE 10)	\$ _____	
12.	TOTAL OF THIS PAYMENT (LINE 7 PLUS LINE 11) MAKE CHECK PAYABLE TO: CITY OF NORWOOD	\$ _____	

I DECLARE, under the penalties of perjury, that this return (including any accompanying schedules and statements) has been examined by me and is, to the best of my knowledge and belief, a true, correct and complete return, made in good faith, for the taxable period stated, pursuant to the Norwood Earnings Tax Ordinance and Regulations issued thereunder; the undersigned agrees to furnish or make available to the Commissioner of Taxation, a certified or photo static copy of the Federal Income Return, or detailed schedule as attached to the Federal Income Return, filed with the Director of Internal Revenue Service for the period involved as part of this return.

(SIGNATURE PERSON PREPARING THE RETURN)

(SIGNATURE TAXPAYER, PARTNER, FIDUCIARY, PRESIDENT OR OTHER PRINCIPAL OFFICER)

(NAME OF FIRM OR EMPLOYER, IF ANY)

(DATE)

(TITLE)

(DATE)

NOTE: ALL APPROPRIATE FEDERAL SCHEDULES AND FORMS MUST BE ATTACHED. A RETURN IS NOT COMPLETE UNLESS SCHEDULES AND FORMS ARE INCLUDED.

SCHEDULE X RECONCILIATION WITH FEDERAL INCOME TAX RETURN

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
A. Net operating loss deduction per Federal Return....	\$ _____	I. Interest income	\$ _____
B. Capital losses to the extent they are included in Computing Total income per Federal Return	_____	J. Dividends	_____
C. Expenses incurred in the production of non-taxable Income	_____	K. Capital Gains to the extent they are included in Computing Total income per Federal Return	_____
D. Income Taxes paid or accrued	_____	L. Other (Explain).....	_____
E. Payments to partners.....	_____	_____
F. Other (Explain).....	_____	_____
G. OTHER (EXPLAIN)	_____	_____
H. TOTAL ADDITIONS (Enter as line 2a, other side)....	\$ _____	M. TOTAL DEDUCTIONS (Enter as line 2b, other side) \$	_____

SCHEDULE Y BUSINESS ALLOCATION FORMULA

	A. Total Factors Everywhere	B. Norwood Factors	C. Percentage (b divided by a)
Step 1. Average value of real and tangible personal property (Include Gross Annual Rents Paid Multiplied by 8)	\$ _____	\$ _____	_____ %
Step 2. Gross sales of merchandise, less returns and allowances (Do not include discounts allowed)	\$ _____	\$ _____	
Charges for work or services performed	\$ _____	\$ _____	
Other income (Do not include income from intangibles, Capital Gains, discounts Earned, or income exempt by Ohio or Federal Law)	\$ _____	\$ _____	
TOTAL BUSINESS RECEIPTS-FACTOR	\$ _____	\$ _____	_____ %
Step 3. Wages, salaries and other personal service compensation.....	\$ _____	\$ _____	_____ %
Step 4. Total percentages	\$ _____	\$ _____	_____ %
Step 5. Average percentage (Divide total percentages by number of percentages used - enter on % Line 8 above.)			_____ %

SCHEDULE Z OTHER INCOME (INCLUDE ON LINE 1 – FRONT PAGE)

1. Show here income from any other source(s) – attach listing and documentation \$ _____

NECESSARY INFORMATION (CONTINUED FROM PAGE 1)

- 9. If you Terminated Your Business during 2025, give Exact Date _____
- 10. Give Name and Address of New Owners _____
- 11. I moved from Norwood on _____ To _____
My Norwood Landlord’s Name and Address was _____
- 12. Name of President or Owner(s) _____ Phone No. _____
- 13. Name of Treasurer or Chief Financial Officer _____ Phone No. _____

City of Norwood Notice:

Owners of residential or commercial rental property must also complete the “Residential or Commercial Property Questionnaire.”
(The form can also be found on the website Norwoodohio.gov)