

Ohio Filing Instructions**2017**

Name(s) as shown on return

SUYOG A SHELAR

SSN or EIN

726-71-8587

DATE TO FILE BY: 04-17-2018

FORM TO BE FILED: OHCCA AND SUPPLEMENTAL FORMS AND SCHEDULES

SIGN AND DATE: SIGN AND DATE THE RETURN AT THE BOTTOM OF PAGE 1 OF THE CCA FORM.

REFUND: \$0.00

ADDRESS TO FILE: CENTRAL COLLECTION AGENCY
PO BOX 94810
CLEVELAND, OH 44101-4810

OTHER INSTRUCTIONS: ATTACH ALL WAGE AND TAX STATEMENTS (W2 FORMS) AND ALL SCHEDULES TO THE TAX RETURN.

2017-City Tax Form - Due April 17, 2018

CCA

90% payment due December 15, 2017
to avoid penalty and interest (see ordinance)

CCA FORM 120-16-IR

CCA - DIVISION OF TAXATION

216.664.2070 • 800.223.6317

www.ccatax.ci.cleveland.oh.us

☐ Refund ☐ Amended
☒ Individual ☐ Joint ☐ Extension Attached

PRINT OR TYPE

| | | | | |
|--|--|---|---|--------------------------|
| Name SUYOG A SHELAR | | Social Security No. 726-71-8587 | TAXABLE INCOME | |
| Name of spouse if joint return | | | 1. Employer's Name a. KEYBANK NATIONAL | CITY CLEVELAND |
| Current address Apt. # 1701 E 12TH STREET 8B | | Move In | b. | INCOME 48933 |
| City, State, Zip CLEVELAND, OH 44114 | | Move Out | c. | |
| IF MOVED DURING THE YEAR SHOW CHANGES BELOW | | | d. | |
| | | | 2. Total Wages (Attach W-2s or 1099s) | 48933 |
| | | | 3. Less Allowable 2106 Expenses (Attach Fed. 2106 & Schedule A) | |
| | | | 4. Net Taxable Wages (Line 2 less Line 3) | 48933 |
| | | | 5. Business Income (Attach Schedule C) | |
| | | | 6. Rental Income (Attach Schedule E) | |
| | | | 7. K-1 Income (Attach Schedule E & K-1) | |
| | | | 8. Other Income Source | |
| | | Move In | CITY OF RESIDENCE | |
| | | Move Out | PHONE NUMBER 850-273-2939 | |

NOTE: IF TOTAL WAGES WERE EARNED IN THE SAME CITY YOU LIVED IN AND CITY TAX WAS CORRECTLY WITHHELD, COMPLETE APPROPRIATE 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 2017 | | | | | | | |
|-----------|--|------------------------------|--------------------------------------|---------------------|---|--|--|---|--|
| LINE | COLUMN 1 Work City Name List Each City Only Once | COLUMN 2 Taxable Income | COLUMN 3 Work City Tax Rate | COLUMN 4 Tax Due | COLUMN 5 Less: Tax Withheld (Attach W-2) Or Paid Other Cities | COLUMN 6 Less: Prior Year Credit | COLUMN 7 Less: Tax Paid On Employment Tax Estimate | COLUMN 8 Tax Due CCA (If \$10.00 or less enter zero) | |
| 9 | CLEVELAND | 48933 | 2.500 | 1223 | 1223 | | | | |
| 10 | Total each column. Add Positive Figures only in Column 8. | 48933 | | 1223 | 1223 | | | | |
| 11 | 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. | | | | 11a CREDIT | 11b REFUND | | | |

| SECTION A-1 | | Employment / Profit Tax Estimate For 2018 (See instructions) - must be completed to receive 2018 Estimated Bills | | | | |
|-------------|-----------------------|--|--|--|---|--|
| LINE | COLUMN 9 Work City | COLUMN 10 Estimated Tax Due | COLUMN 11 2017 Credit (From Col. 8 only) | COLUMN 12 Balance (Col. 10 Less Col. 11) | COLUMN 13 Payment Due (% of Col. 10 less Col. 11) | |
| 12 | | | | | | |
| 13 | Total each column. | | | | | |

| SECTION B | | Residence Tax 2017 (Refer to Schedule R Worksheet on Page 2 of Form Before Proceeding to Line 14) | | | | | | | |
|-----------|---|---|------------------------------------|--|---|---|--|--|--|
| LINE | COLUMN 14 Residence City | COLUMN 15 Taxable Income | COLUMN 16 Tax Due Schedule R | COLUMN 17 Less: Residence Tax Withheld (Attach W-2) | COLUMN 18 Less: Prior Year Credit | COLUMN 19 Less: Tax Paid On Residence Tax Estimate | COLUMN 20 Tax Due CCA (If \$10.00 or less enter zero) | | |
| 14 | | | | | | | | | |
| 14a | Total each column. Add Positive Figures only in Column 20. | | | | | | | | |
| 15 | | | | | | | | | |
| 16 | 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. | | | 16a CREDIT | 16b REFUND | | | | |

| SECTION B-1 | | Residence Tax Estimate for 2018 (See instructions) - must be completed to receive 2018 Estimated Bills | | | | |
|-------------|---|--|--|--|---|--|
| LINE | COLUMN 21 Residence City | COLUMN 22 Estimated Residence Tax | COLUMN 23 2017 Credit (From Line 16a only) | COLUMN 24 Balance (Col. 22 Less Col. 23) | COLUMN 25 Payment Due (% of Col. 22 less Col. 23) | |
| 17 | Total each column. | | | | | |
| 18 | Tax Due with this return - Add Figures Shown in Last Column of Lines 10-13-15-17 | | | | | |
| 18 | Write Taxpayer Identification Number on Remittance. Make check payable to CCA - Division of Taxation. | | | | | |

I DECLARE THAT I HAVE EXAMINED THIS RETURN AND ACCOMPANYING SCHEDULES AND STATEMENTS, TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE. THE FIGURES USED HEREIN ARE THE SAME AS USED FOR FEDERAL INCOME TAX PURPOSES ADJUSTED TO MUNICIPAL INCOME TAX ORDINANCES.

Do you authorize your preparer to contact us regarding this return? YES ☒ NO ☐

| | | | | | |
|--------------|-----------------------|--------------------------------------|--------------------|---|--------------------|
| SIGN HERE | Signature of Taxpayer | Signature of Spouse, if Joint Return | DATE 03-28-2018 | Signature of Preparer, if not Taxpayer PRAVEEN JOSHI | DATE 03-28-2018 |
|--------------|-----------------------|--------------------------------------|--------------------|---|--------------------|

PLACE CHECK, MONEY ORDER OR CREDIT CARD AUTHORIZATION ON TOP. PLACE FORMS W-2 BELOW REMITTANCE. ATTACH ALL ITEMS HERE.