

2023-City Tax Form - Due April 18, 2024

CCA

90% payment due January 15, 2024
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	Social Security No.	TAXABLE INCOME		
Name of spouse if joint return		1. Employer's Name	CITY	INCOME
Current address Apt. #	Move In	a.		
City, State, Zip	Move Out	b.		
IF MOVED DURING THE YEAR SHOW CHANGES BELOW		c.		
		d.		
		2. Total Wages (Attach W-2s or 1099s)		
		3. Business Income (Attach Schedule C)		
		4. Rental Income (Attach Schedule E)		
		5. K-1 Income (Attach Schedule E & K-1)		
	Move In	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 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 2023							
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									
10	Total each column. Add Positive Figures only in Column 8.								
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 2024 (See instructions) - must be completed to receive 2024 Estimated Bills				
LINE	COLUMN 9 Work City	COLUMN 10 Estimated Tax Due	COLUMN 11 2024 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 2023 (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 2024 (See instructions) - must be completed to receive 2024 Estimated Bills			
LINE	COLUMN 21 Residence City	COLUMN 22 Estimated Residence Tax	COLUMN 23 2024 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
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 Signature of Preparer, if not Taxpayer DATE

MAIL TO NO Payment Enclosed - Mail to: CCA - DIVISION OF TAXATION PO BOX 94810 Cleveland OH 44101-4810 Payment Enclosed - Mail to: CCA - DIVISION OF TAXATION PO BOX 94723 Cleveland OH 44101-4723 Refund Request - Mail to: CCA - DIVISION OF TAXATION PO BOX 94520 Cleveland OH 44101-4520

PLACE CHECK, MONEY ORDER OR CREDIT CARD AUTHORIZATION ON TOP. MUST ATTACH W-2 BELOW REMITTANCE.