

# City of Madeira Allocation Form

7141 Miami Avenue  
Cincinnati, OH 45243  
513.272.4212

Name:

Account Number:

## Wage & Salary Allocation

1 Total Days in Year (365 or 366 in leap years unless you worked only part of the year)

1

Indicate the dates of part-year employment from \_\_\_\_\_ to \_\_\_\_\_

2 Non-Working Days

a Saturdays & Sundays not worked (104 days)

a


b Holidays

b

c Sick Leave Used

c

d Vacation

d

e Other Non-Working Days (Explain: \_\_\_\_\_)

e

f Total Non Working Days (Total Lines 2a thru 2e)

f

3 Total Days Worked During the Year (Line 1 minus Line 2f)

3

4 Total Days Worked Outside of City of Madeira per Itinerary Form

4

5 Days Worked Within City of Madeira (line 3 minus Line 4)

5

6 City of Madeira allocation Factor (Line 5 divided by Line 3)

6

Attach to your City of Madeira Individual Return

If you have questions, we can be reached by email at: [tax@madeiracity.com](mailto:tax@madeiracity.com) or phone: 513.272.4212.

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