

**CITY OF WOOSTER, OHIO
REQUEST FOR AUTOMATIC EXTENSION OF TIME TO FILE
WOOSTER NET PROFITS RETURN**

This must be filed on or before the fifteenth day of the fourth month following tax year end to avoid penalty charges

Company Name

Address

Federal Employer I.D. Number

City, State, Zip Code

1. I request an extension of time until _____, _____ to file the City of Wooster, Ohio Income Tax Return for taxable year beginning _____, _____ and ending _____, _____ which is due _____, _____.
2. The due date requested should not be later than the last day of the month following the month to which the due date for the federal return has been extended by the Internal Revenue Service.
3. No penalty shall be assessed in those cases in which the return is filed and the final tax paid within the period as extended unless the tax paid after the original due date exceeds the greater of \$100.00 or 10% of the tax liability for the year extended, but interest shall be assessed at the rate of 1/2% per month or fraction of a month on any taxes paid or due as figured after receipt of the extended return.
4. A declaration of estimated tax (below) should be filed by every business that will have Wooster Taxable Income in excess of twenty thousand dollars (\$20,000).
5. Estimated balance due, if any, on fiscal year 2013 Wooster Income Tax Return. \$ _____

DECLARATION OF ESTIMATED WOOSTER TAX FOR FISCAL YEAR 2014

Due on or before the last day of fourth month of tax year
(Extension of time to file tax return does not apply to declaration of estimated tax or payment of quarterly installments)

6. Total income subject to Wooster Tax \$ _____
 7. Estimated Wooster tax @ 1.5% \$ _____
 8. 25% of line 7 due with this extension \$ _____
- Total amount paid with extension request
(Add line 5 and 8 and enter here. Make check payable to "City of Wooster") \$ _____

To receive payment vouchers for the second, third and fourth quarters, complete the estimate on line 7. Taxpayers are responsible for filing and paying any quarterly estimated tax due.

I declare that I have examined this form and to the best of my knowledge and belief, it is true, correct, and complete.

Do you authorize your preparer to contact us regarding this return? Yes No

Signature of Officer

Date

Paid Preparer's Signature

Date

Title

Firm (or individual)

Telephone number

Preparer's address

Preparer's telephone number