

**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 \_\_\_\_\_, 2005 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 one-half of percent of one percent (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 2005 Wooster Income Tax Return. \$ \_\_\_\_\_

**DECLARATION OF ESTIMATED WOOSTER TAX FOR FISCAL YEAR 2006**

**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% \$ \_\_\_\_\_

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") \$ \_\_\_\_\_

**Payment vouchers for estimated tax will be mailed quarterly. Check this box if you require payment vouchers for the 2006 year. 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.

\_\_\_\_\_  
Signature of Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Paid Preparer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Firm (or individual)

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Preparer's address

\_\_\_\_\_  
Preparer's telephone number