2010

WOOSTER BUSINESS INCOME TAX RETURN

FOR C CORPORTIONS, S CORPORATIONS TRUSTS, ESTATES AND PARTNERSHIPS

For calendar 2010 or tax year beginning	ng	, 2010,	ending			
Federal Identification Number						
				File Number		
Company Name and Address				Do not write		
				L TO : WOOSTER	in this area	
			INCO	ME TAX		
PO BOX 108						
	WOOSTER OH 44691 Questions ?					
				63-5226		
Wooster Business Location's Street Addr	ess :					
Computation of City Taxable Inco	ome - Enclose Co	omplete Federal I	Return wit	th Schedule o	of Tax Expense	
TOTAL TAXABLE INCOME (LOSS) (Per Copy of		-			•	
2. ADJUSTMENTS (Complete Schedule Z On Back				. ,		
A. ITEMS NOT DEDUCTIBLE (From line G on Sched	ule Z)			ADD (2A.) \$		
B. ITEMS NOT TAXABLE (from line N on Schedule Z)		DE	EDUCT (2B.) $\$$ (
3. ADJUSTED NET INCOME (LOSS) (Add Line	es 1 and 2A then su	ubtract Line 2B)		(3.) \$		
4. WOOSTER TAXABLE INCOME (Complete Schee						
Multiply line 3 by schedule Y percentage of		_% (4.)	\$			
5. Net Operating Loss Carry Forward Applicab	le to City of Wooster.	(5.)	\$			
6. Subtract Line 5 from 4		(6.)	\$			
7. If Line 6 is Greater than 0, Enter Here						
8. Multiply Line 7 by .01 (1%) and Enter Here.	This is your WOOSTE	ER CITY TAX		(8.) \$		
9. PAYMENTS:						
A. 2009 Overpayment allowed as credit		(9A.) S	\$			
B. 2010 Estimated tax payments						
C. Amount paid with extension towards 2010 to				_		
10. Add lines 9A, B, C and enter here				(10.) \$ <u> </u>		
11. If line 10 is greater than line 8, enter AMOU	NT OVERPAID	OVE	ERPAYME	NT (11.) \$ _		
12. Amount of line 11 to be refunded			REFU	ND (12.) \$_		
13. Amount of line 11 to be applied towards 201	1 estimated taxes	CRE	DIT TO 20) 11 (13.) \$ _		
14. If line 8 is greater than line 10, enter TAX DI	UE			(14.) \$		
15. TOTAL 2011 estimate \$	Amour	nt of 2011 estimate pai	d with this re	turn (15.) \$		
16. AMOUNT DUE WITH RETURN (add lines 1	4 and 15, make check	k payable to "City of W	ooster") .	(16.) \$		
I declare that I have examined this return and the true, correct and complete. Declaration of pr	eparer (other than tax	payer) is based on all			-	
Do you authorize your preparer to contact us	regarding this retur	TI! Yes 🗆 NO 🗖			ı	
Signature of Officer	Date	Paid Preparer's Signatu	ıre		Date	
Title		Firm (or individual)				
Telephone Number		Preparer's address				
PLEASE SIGN ABOVE		Preparer's telephone nu	umber			

S(CHEDULE Y BUSINESS ALLOCATION FORMUL	.A	a. located everywhere	b. located in Wooster	c. percentage (b/a)
1.	Average original cost of real & tangible personal proper AND/OR Gross annual rentals paid multiplied by 8				
	Total				%
	Total		<u> </u>		
2.	Gross receipts from sales and/or services provided .		· <u> </u>		%
3.	Wages, salaries and other compensation paid				%
4.	Total percentages				%
5.	Average (divide total percentages by number of perce If there is an amount in column a. and 0 in column b., and should be used in computing the average.				%
S-	Chedule P-1 Corporations and Partnerships allocating less than 100% on areholder/Partner Level or must complete this schedule. Check one box only, according to Entity elects to pay Wooster income tax at the part Attached are photocopies of all four pages of feder	Line 5 of Scheo o S-Corporat ner, sharehold	dule Y or electing to tion / Partnership der, or member le	o pay tax at S-Corp o situation evel rather than e	
	Entity has allocated less than 100%. Photocopies of who were residents of the City of Wooster at any time that the city has allocated less than 100%. There are no were residents of the City of Wooster at any time of the City o	me during the partners, shai	2010 calendar yer reholders or mem	ear are attached	nembers to this return.
S	CHEDULE Z Reconciliation with Federal Inc	ome Tax Ret	urn - Enclose Co	mplete Federal	Return
	ITEMS NOT DEDUCTIBLE ON WOOSTER RETURN		ITEMS NOT ON WOOSTE		
A.	CAPITAL LOSSES (EXCLUDING	H. CA	PITAL GAINS (EXCL	JDING ORDINARY	
	ORDINARY LOSSES)	GA	INS)		\$
В.	EXPENSES APPLICABLE TO NON-TAXABLE	I. DIV	IDENDS		\$
	INCOME	J. INT	EREST INCOME		\$
C.	CITY TAXES BASED ON INCOME \$. K. RO	YALTIES (FROM INT	ANGIBLE	
D.	ALL STATE INCOME OR CERTAIN STATE		OPERTY ONLY)		\$
	FRANCHISE TAXES (SEE INSTRUCTIONS) \$	-			
			ATE FRANCHISE TA		
		WC	ORTH BASIS OVER N	IET INCOME BASIS	\$
F.	OTHER (please list):	M. OT	HER (please list):		
	\$				\$
G.	TOTAL (Enter on line 2A)	N. TO	TAL (Enter on line 2B)	\$