2012 WOOSTER INDIVIDUAL TAX RETURN
E-Z FORM FOR WOOSTER RESIDENTS
For period of January 1, 2012 - December 31, 2012
Due on or before April 15, 2013

Full Name	Spouse's Name (if this is a joint return)
Address	
City, State & Zip Code	
Social Security No.	Spouse's Social Security No. (if this is a joint return)

Mail To:

CITY OF WOOSTER
INCOME TAX DEPT
PO BOX 1088
WOOSTER OH 44691

QUESTIONS?

(330) 263-5226

RESIDENTS of Wooster may use this form if one or more of the below listed situations applies to them:

NON-RESIDENT TAXPAYERS AND RESIDENTS WHOSE INCOME IS NOT IN ONE OF THE CATEGORIES SHOWN BELOW SHOULD USE THE WOOSTER INDIVIDUAL INCOME TAX RETURN STANDARD FORM (Page 3).

Part-year residents: Date moved in _____ Date moved out_____

Please check the applicable box or boxes and sign below.

☐ I was RETIRED and received only pension, social security, interest, dividend or other non-taxable income for all of 2012. If you filed a federal tax return, attach a copy of page 1 of the federal tax return (Form 1040).

☐ All wages earned had municipal income tax withheld at a rate of 1% or greater and I did not have any other type of business or rental activity in the 2012 calendar year. Copies of all W-2's must be attached.

☐ All wages earned were pay received as active members of the Armed Forces of the United States and I did not have any other type of business or rental activity in 2012. Copies of all W-2's must be attached.

☐ I was under age 18 for all of 2012 and was sent a tax return. Attach a copy of birth certificate or drivers license.

☐ I had no taxable income for the entire year. If you filed a federal tax return, attach a copy of page 1 of the return.

☐ Taxpayer was deceased prior to 1-1-2012. Attach a copy of death certificate.

I/we certify that I/we have examined this return and any accompanying schedules and statements, and to the best of my/our knowledge and belief, they are true correct and complete. I/we realize providing any false information is grounds for prosecution

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

Taxpayer's Signature	Date	Spouse's Signature (if jointly filed)	Date