

2014 WOOSTER INDIVIDUAL TAX RETURN

E-Z FORM FOR WOOSTER RESIDENTS

For period of January 1, 2014 - December 31, 2014

Due on or before April 15, 2015



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 5).

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

Please check the applicable box or boxes and sign below.

- RETIRED and received only pension, social security, interest, dividend or other non-taxable income for all of 2014. 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 1.5% or greater and I did not have any other type of business or rental activity in the 2014 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 2014. Copies of all W-2's must be attached.
- Under age 18 for all of 2014 and was sent a tax return. Attach a copy of birth certificate or driver's license.
- 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 1-1-2014. 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 _____