

2017 CITY OF WOOSTER BUSINESS INCOME TAX RETURN

FOR C CORPORATIONS, S CORPORATIONS TRUSTS, ESTATES AND PARTNERSHIPS

For calendar 2017 or tax year beginning _____, _____, ending _____, _____

Federal Identification Number	File Number	
Company Name and Address	MAIL TO : CITY OF WOOSTER INCOME TAX PO BOX 1088 WOOSTER OH 44691 Questions ? 330-263-5226	Do not write in this area
Wooster Business Location's Street Address :		

City Taxable Income - Attach Federal Return & Supporting Statements

1	Total Taxable Income (Loss) Per Copy of Complete Federal Return attached SEE INSTRUCTIONS	1	
2	Adjustments Complete Schedule Z On Back of Return		
	A. Items Not Deductible Line G on Schedule Z	2A	
	B. Items Not Taxable Line N on Schedule Z	2B	()
3	Adjusted Net Income (Loss) Add Lines 1 and 2A, then Subtract Line 2B	3	
Wooster Taxable Income - Complete Schedule Y On Back of Return			
4	Multiply Line 3 by schedule Y percentage of _____%	4	
5	Net Operating Loss Carry Forward	5	()
6	Subtract Line 5 from Line 4	6	
7	Enter Amount from Line 6, If Greater Than 0	7	
8	Wooster Income Tax Multiply Line 7 by .015 (1.5%)	8	

PAYMENTS

9	A. 2016 Overpayment	9A		
	B. 2017 Estimated Tax Payments	9B		
	C. Amount paid with extension towards 2017 taxes	9C		
10	Total Payments Add lines 9A, B, C	10		

Refund or Amount Due ***Amounts 10.00 or less Will Not Be Due or Refunded***

11	Amount Overpaid If line 10 is greater than line 8, enter overpayment	11	
12	Amount Due If Line 8 is greater than Line 10, Enter Tax Due (If amount is \$10.00 or less enter 0)	12	
13	Amount of Line 11 to be Refunded (No Refund if amount on line 11 is \$10.00 or less)	13	
14	Amount of Line 11 to be Applied Towards 2018 Estimated Taxes	14	
Penalty & Interest	15	Late filing penalty \$25.00 (Per month or fraction thereof, not to exceed \$150.00)	15
	16	Penalty 15% of amount not paid timely	16
	17	Interest .5% per month of tax not paid timely	17

Declaration of Estimated Tax for 2018

18	2018 Tax Estimate \$ _____	Amount from Line 14 \$ _____	Remaining estimate due	18	
19	AMOUNT DUE WITH RETURN (add lines 12, 15, 16, 17 & 18 make check payable to "City of Wooster")				19

I declare that I have examined this return and the accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

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

Signature of Officer Date

Title

Telephone Number

Paid Preparer's Signature Date

Firm (or individual)

Preparer's address

Preparer's telephone number

PLEASE SIGN ABOVE

SCHEDULE Y BUSINESS ALLOCATION FORMULA

	A. Located Everywhere	B. Located in Wooster	C. Percentage (B/A)
1 Average original cost of real & tangible personal property AND/OR Gross annual rentals paid multiplied by 8	\$ _____	\$ _____	
	\$ _____	\$ _____	
Total	\$ _____	\$ _____	_____ %
2 Gross receipts from sales and/or services provided	\$ _____	\$ _____	_____ %
3 Wages, salaries and other compensation paid	\$ _____	\$ _____	_____ %
4 Total percentages			_____ %
5 Average (divide total percentages by number of percentages used)			_____ %

SCHEDULE Z Reconciliation with Federal Income Tax Return - Enclose Complete Federal Return

ITEMS NOT DEDUCTIBLE ON WOOSTER RETURN		ITEMS NOT TAXABLE ON WOOSTER RETURN	
A. CAPITAL LOSSES (EXCLUDING ORDINARY LOSSES)	\$ _____	H. CAPITAL GAINS (EXCLUDING ORDINARY GAINS)	\$ _____
B. EXPENSES APPLICABLE TO NON-TAXABLE INCOME	\$ _____	I. DIVIDENDS	\$ _____
C. CITY TAXES BASED ON INCOME	\$ _____	J. INTEREST INCOME	\$ _____
D. ALL STATE INCOME OR CERTAIN STATE FRANCHISE TAXES (SEE INSTRUCTIONS)	\$ _____	K. ROYALTIES (FROM INTANGIBLE PROPERTY ONLY)	\$ _____
F. OTHER (please list): _____	\$ _____	L. STATE FRANCHISE TAX PAID ON NET WORTH BASIS OVER NET INCOME BASIS	\$ _____
G. TOTAL (Enter on line 2A)	\$ _____	M. OTHER (please list): _____	\$ _____
		N. TOTAL (Enter on line 2B)	\$ _____