

## 2017 WOOSTER INDIVIDUAL INCOME TAX RETURN

**STANDARD FORM For Calendar Year 2017** 

Due on or before April 17, 2018

Primary SSN Spouse SSN Mandatory Filing For						ALL Residents				
	Attach Copy of Fed									
					Make Check Payable to	'City of Wooster''				
Complete Name & Address (include sp	pouse's name if joi	nt return)- Please update addre	ss if needed		MAIL TO: CITY OF WOOSTER INCOME TAX DEPT PO BOX 1088 WOOSTER OH 44691 <u>incometax@woosteroh.com</u> <u>www.woosteroh.com</u> Questions?		Do not write in this area			
Phone:	Email:			(330) 263-5226						
Type of Return (check one)       Residency Status (check one )         Individual       Joint       Resident       Non-Resident       Part-Year Resident: FromTo										
Taxable income- Attach all W-2's & Federal Schedules- Please round amounts to the whole dollar										
1 Qualifying Wages- (Box 5	1									
2 Less: Form 2106 (Employ	2									
3 Taxable Wages (Line 1 les	3									
4 Net Profit/Loss from Fede	4									
5 Other Taxable Income- At	ttach Federal	1040, Line 21				5				
6 Wooster Taxable Income	(Add Lines 3,	4 & 5) - Losses on Line	e 4 Cannot Offset In	com	e from Lines 3 & 5	6				
7 Wooster Income Tax 1.5%	6 (Multiply lin	ne 6 by .015)				7				
Credits & Payments	Credits & Payments									
8 Wooster Income Tax With	8									
9 Other Municipal Income	9									
10 2017 Estimated Payments	10									
11 Total Payments and Credi	11									
<b>Refund or Amount D</b>	ue ***A	mounts \$10.00 o	r Less Will Not	t Be	e Due or Refunded***					
12 Balance Due/Overpaymen	12									
Image: Penalty & Interest       13       Late Filing Penalty \$25.00 (Per Month or Fraction thereof, Not to Exceed \$150.00)         Image: Penalty & Interest       14       Penalty 15% of Amount Not Paid Timely										
15 Interest .5% Per Month of Tax Not Paid Timely						15				
16 Amount Due (No Paymen	16									
17 Amount To Be Refunded	17									
18 Amount of Overpayment	18									
*** TAX DUE GREATER THAN \$200 FOR 2017, YOU MUST ESTIMATE 2018 INCOME TAX *** (SEE INSTRUCTIONS)										
Declaration of 2010	<b>19</b> 2018 Woo	oster Income Tax Estimation				19				
Declaration of 2018		of 2018 Estimate Due W		Line	19; See Instructions)	20				
Estimated Tax	21 Credits (2	017 Overpayment- Line	e 18, and Previous 20	18 E	Estimated Payments)	21				
(See Instructions)	22 Amount o	of 2018 Estimate Due (L	ine 20 minus Line 21.	)		22				
23	23									

Under penalties of perjury, 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

 PLEASE
 Filter

 SIGN
 Taxpayer's Signature
 Date

 HERE
 Taxpayer's Signature
 Date

Worksheet A Qu	ualifying Wages	5- B	ox 5, Medio	care wages	of '	W-2.							
Taxing City	W-2 Income	21		Subtotal (B)-(C)		Wooster Tax Withheld		*Other City Tax Withheld		Allowable Credit- Other City Tax Withheld			
Taxing City	w-2 mcome 29		% AGI Limit										
(A)	(B)		(C)	(D)		(E)		(F)		(G)			
Totals													
Report totals to lines	Line 1		Line 2	Line 3		Line 8				Line 9			
* Income Reduced by 2106 Expense Earned in Another City Reduces the Credit for Taxes Paid													
Worksheet B Taxable Non Wage Income (Schedule C, E, F, K-1,etc.)- Please Attach All Documents													
Worksheet B Taxab	ole Non Wage Ii	100	<u>me (Schedu</u>										
Net Operating Loss Cor	nsolidation Workshe	eet	Column A Wooster	Column B Earned in		lumn C	Column D		Column E	Column F			
1 0					Ea	arned in Earned		d in	Earned in	Earned in	Totals		
1 Municipality Where													
2 Tax Rate for Municip		1	1.50%										
3 Federal Schedule C I	, ,												
4 Federal Schedule E I	ncome (Loss)												
	5 K-1 Income (Loss)				<u> </u>								
6 Other Income (Sched													
	7 Total Income for each Municipality										l		
	8 Prior Year Net Operating (Loss)				-		1		1		l		
9 Amounts greater than \$0 from line 7													
10 Total positive net pro	-												
	11 Total losses reported on line 7				If (loss) exceeds profit, <b>STOP</b> and enter 0 on Page 5, Line 4								
	12 Total taxable income, profit Page 5, Line 4				oss) e	exceeds p	ront, <b>ST</b>	<b>JP</b> an	a enter 0 on P	age 5, Line 4			
13 Allocation percentage													
14 Allowed loss based on profit calculation													
15 Net Profit after loss application													
16 Net Profit * 1.5% City of Wooster tax rate Taxes paid to other Municipality -Multiply Line													
17 15 by tax rate on line 2 (Proof of taxes paid must													
be attached)													
Partner/Shareholder's distributive share of taxes					<u> </u>		1						
18 paid by the business en	tity to Wooster. Repo	rt											
on Page 5, Line 8					<b>.</b>		I		T	1			
19 Credit for taxes paid, 19 16 or 17	, smaller amont of n	me											
20 Total Tax credit, Rep	ort on Dago 5 Ling	0	-		<u> </u>								
	Joit on Fage 3, Line												
Schodulo V- Non Ro	sidont Businos	- <b>A</b> 1	location		1	Locate	h		Locate	d	Percentage		
Schedule Y- Non Resident Business Allocation Nonresident taxpayers should use this formula to calculate the am				tof					in Woos		$(b) \div (a)$		
business income or loss that				(a)			(b)		(c) (c)				
1 Average original cost o		OR	\$	(u)			\$		(*)				
Gross annual rent paid			\$			\$							
Total amounts in colum						-	\$		%				
			-			-	•		,,,				
2 Gross receipts from sal	es and/or services from	m ev	ervwhere in col	umn a. and fro	m								
Wooster in column b. I							\$		%				
	J				· · ·			-	-		,,,		

3 Using wages, salaries and other compensation paid, do the same as for line 2

4 Total percentages in column c.

5 Divide line 4 by the number of percentages calculated in column c. If there is an amount in column a and none in column b, the percentage is -0- and should be counted as a percentage in determining the average.

\$

%

%

%

\$