

Taxpayer's Signature

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SIGN HERE

## 2017 WOOSTER INDIVIDUAL INCOME TAX RETURN

STANDARD FORM For Calendar Year 2017 Due on or before April 17, 2018

	OF WOOST							
Pri	mary SSN	Spouse SSN			Mandatory Filing For ALL Residents			
				Ī		Attach Copy of Fed	deral 1	040 Form
						Make Check Payable t	o "Cit	
Con	nplete Name & Address (include :	spouse's name if j	joint return)- Please update add	ress if needed		MAIL TO: CITY OF WOOSTER INCOME TAX DEPT PO BOX 1088 WOOSTER OH 44691 incometax@woosteroh.com www.woosteroh.com		Do not write in this area
D1-	one:	E:1.			_	`		
Pn			D	(1 1 )		(330) 263-5226		
	Type of Return (check Individual	Joint	Resident	Non-Resident		Part-Year Resident: From		To
_					rou	and amounts to the whole o	dollar	
_							1	
_	Less: Form 2106 (Employee Business Expense or Worksheet A, Column C) - Attach Form 2106 & Schedule A							
_	Taxable Wages (Line 1 le						_	
	Net Profit/Loss from Federal Schedules C, E, F, K-1, etc (Worksheet B for Residents) - Attach ALL Schedules							
_			WOOSTER OH 44691 incometax@woosteroh.com www.woosteroh.com  Questions? (330) 263-5226  Residency Status (check one) Int Resident Non-Resident Part-Year Resident: From To Int Resident Resident Part-Year Resident: From To Int Resident Resident: From To Int Resident					
_		,		ne 4 Cannot Offset In	com	e from Lines 3 & 5		
_		% (Multiply l	line 6 by .015)				7	
_	redits & Payments					11 22 24		
						· · · · · · · · · · · · · · · · · · ·		
	_				Vork.	sheet B, line 20) Credit Limit 1.5	_	
_	· ·			n Payment			_	
	·		·			D D A I Idahah	11	
	efund or Amount I			or Less Will Not	t Be	e Due or Refunded***	1	
12	Balance Due/Overpayme	,						
			-		ereof.	, Not to Exceed \$150.00)	13	
P	Penalty & Interest						14	
	15 Interest .5% Per Month of Tax Not Paid Timely							
16	Amount Due (No Payme	nt Due if Am	ount on Line 12 is \$10.0	00 or Less)- Add Lines	12,	13, 14, & 15	16	
17	Amount To Be Refunded	No Refund	if Amount on Line 12 is	s \$10.00 or Less)			17	
18								
	*** TAX DUE	GREATE		<i>'</i>			INCO	OME TAX ***
10 2019 Wasstan Insama Tay Estimate						19		
Declaration of 2018		20 Amount of 2018 Estimate Due With Return (25% of Line 19; See Instructions)					20	
	<b>Estimated Tax</b>		(2017 Overpayment- Lin				21	
(	See Instructions)		of 2018 Estimate Due (			-	22	
23		TOTAL PAYMENT DUE (Add Line 16, and Line 22)						
bel Do		nd complete.	Declaration of preparer	(other than taxpayer)	_	schedules and statements, and to used on all information of which		•

Date

Date Page 5

Paid Preparer's Signature

Firm or individual

Date

Worksheet A Qualifying Wages- Box 5, Medicare wages of W-2.							
Taxing City	W-2 Income	2106 Expense	106 Expense Subtotal Wooster Tax		*Other City Tax	Allowable Credit- Other	
Taxing City	w-2 mcome	2% AGI Limit	(B)-(C)	Withheld	Withheld	City Tax Withheld	
(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							
Net Operating Loss Consolidation Worksheet	Column A Wooster	Column B Earned in	Column C Earned in	Column D Earned in	Column E Earned in	Column F Earned in	Totals
1 Municipality Where Earned	Wooster						
2 Tax Rate for Municipality listed on line 1	1.50%						
3 Federal Schedule C Income (Loss)							
4 Federal Schedule E Income (Loss)							
5 K-1 Income (Loss)							
6 Other Income (Schedule F, 4797, etc.)							
7 Total Income for each Municipality							
8 Prior Year Net Operating (Loss)							
9 Amounts greater than \$0 from line 7							
10 Total positive net profits from line 9							
11 Total losses reported on line 7							
12 Total taxable income, profit Page 5, Line 4		If (lo	ss) exceeds pi	ofit, <b>STOP</b> an	d 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							
18 paid by the business entity to Wooster. Report							
on Page 5, Line 8 Credit for taxes paid, smaller amont of line					l		
19 16 or 17							
20 Total Tax credit, Report on Page 5, Line 9							

Schedule Y- Non Resident Business Allocation	Located	Located	Percentage
Nonresident taxpayers should use this formula to calculate the amount of	Everywhere	in Wooster	$(b) \div (a)$
business income or loss that is allocable to the City of Wooster.	(a)	(b)	(c)
1 Average original cost of real & tangible personal property AND/OR	\$	\$	
Gross annual rent paid for business property multiplied by 8	\$	\$	_
Total amounts in column a and b. Divide b by a and enter in column c.	\$	\$	%
2 Gross receipts from sales and/or services from everywhere in column a, and from	om		
Wooster in column b. Divide b by a and enter in column c.	\$	\$	%
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 a	an amount in column a and	none	
in column b, the percentage is -0- and should be counted as a percentage in de	termining the average		%