2016 CITY OF WOOSTER BUSINESS INCOME TAX RETURN

FOR C CORPORTIONS, S CORPORATIONS TRUSTS, ESTATES AND PARTNERSHIPS

| | For calendar 2016 | or tax year beginning | ,, e | nding | , | · ———— | |
|----------------------|-------------------------------------|--|--------------------------------|-------------------------|-------------|-----------------|--|
| Fed | deral Identification Numbe | r | File Number | | | | |
| Co | mpany Name and Address | | | • | | Do not write | |
| | | | | MAIL TO: | | in this area | |
| | | | | CITY OF WOOST | ER | | |
| | | | | INCOME TAX | | | |
| | | | | PO BOX 1088 | | | |
| | | | | WOOSTER OH 446 | 591 | | |
| | | | | Questions? | | | |
| | | | | 330-263-5226 | | | |
| | Wooster Business Locat | tion's Street Address : | <u> </u> | | | | |
| Cit | y Taxable Income - Attach l | Federal Return & Supporting Statemen | ts | | | | |
| 1 | Total Taxable Income (Los | ss) Per Copy of Complete Federal Retur | rn attached SEE INSTRUC | CTIONS | 1 | | |
| 2 | Adjustments Complete Sche | edule Z On Back of Return | | | | | |
| | A. Items Not Deductible Li | ine G on Schedule Z | | 2A | | | |
| | B. Items Not Taxable Line | N on Schedule Z | | 2B (| |) | |
| 3 | Adjusted Net Income (Loss | s) Add Lines 1 and 2A, then Subtract Line | 2B | | 3 | | |
| Wo | oster Taxable Income - Con | nplete Schedule Y On Back of Return | | | | | |
| 4 | Multiply Line 3 by schedule | Y percentage of% |) | | 4 | | |
| 5 | Net Operating Loss Carry Fo | orward | | | 5 | () | |
| 6 | Subtract Line 5 from Line 4 | | | | | | |
| 7 | Enter Amount from Line 6, 1 | If Greater Than 0 | | | 7 | | |
| 8 | Wooster Income Tax Multip | ly Line 7 by .015 (1.5%) | | | 8 | | |
| PA | YMENTS | | | | | | |
| 9 | A. 2015 Overpayment | | | 9A | | | |
| | B. 2016 Estimated Tax Pay | ments | | 9B | | | |
| | C. Amount paid with exten | sion towards 2016 taxes | | 9C | | | |
| 10 | Total Payments Add lines 9 | PA, B, C | | | 10 | | |
| Ref | fund or Amount Due | ***Amounts 10.00 or less W | ill Not Be Due or Refun | ded*** | • | | |
| 11 | Amount Overpaid If line 10 | $is\ greater\ than\ line\ 8,\ enter\ overpayment$ | | | 11 | | |
| 12 | Amount Due If Line 8 is gre | amount Due If Line 8 is greater than Line 10, Enter Tax Due (If amount is \$10.00 or less enter 0) | | | | | |
| 13 | Amount of Line 11 to be Re | funded (No Refund if amount on line 11 is | s \$10.00 or less) | | 13 | | |
| 14 | Amount of Line 11 to be Ap | pplied Towards 2017 Estimated Taxes | | | 14 | | |
| | | Late filing penalty \$25.00 (Per month or | fraction thereof, not to ex | ceed \$150.00) | 15 | | |
| Penalty & Interest 1 | | Penalty 15% of amount not paid timely | | | 16 | | |
| | 17 | Interest .42% per month of tax not paid to | 17 | | | | |
| Dec | claration of Estimated Tax f | or 2017 | | | | | |
| 18 | 2017 Tax Estimate \$ | Amount from Line 1 | 14 \$ | Remaining estimate of | lue 18 | | |
| 19 | AMOUNT DUE WITH RE | ETURN (add lines 12, 15, 16, 17& 18 mal | ke check payable to "City | of Wooster") | 19 | | |
| | I declare that I have | examined this return and the accompanying sc | hedules and statements, and | to the best of my knowl | edge and be | elief, they are | |
| | true, correct and o | complete. Declaration of preparer (other than ta | axpayer) is based on all infor | mation of which prepare | r has any k | nowledge. | |
| Do : | you authorize your preparer to co | ontact us regarding this return? Yes \square No \square | | | | | |
| | | | | | | | |
| | | | | | | | |
| | Signature of Officer | Date | Paid Preparer's Signature | | | Date | |
| | | | | | | | |
| | Title Firm (or individual) | | | | | | |
| | | | | | | | |
| | Telephone Number Preparer's address | | | | | | |
| | PLEASE SIGN ABO |)VE | | | | | |
| | | | Preparer's telephone number | | | | |

| SCHEDULE Y BUSINESS ALLOCATION | I FORMULA | A. Located Everywhere | B. Located in Wooster | C. Percentage (B/A) |
|---|-------------------------|--------------------------|--------------------------|------------------------|
| Average original cost of real & tangible per AND/OR | rsonal property | \$ | \$ | - |
| Gross annual rentals paid multiplied | l by 8 | \$ | \$ | - |
| | Total | \$ | \$ | % |
| 2 Gross receipts from sales and/or services p | rovided | \$ | \$ | % |
| 3 Wages, salaries and other compensation pa | aid | \$ | \$ | <u></u> % |
| 4 Total percentages | | | | % |
| 5 Average (divide total percentages by number | er of percentages used | i) | | <u></u> % |
| Schedule P-1 FOR S-CO | DRPORATIONS AND | PARTNERSHIPS | ONLY | |
| S-Corporations and Partnerships allocating less that Shareholder/Partner Level must complete this sched | | nedule Y or electing | g to pay tax at S-Cor | p |
| Check one box only, ac | | ation / Partners | hip situation | |
| Entity elects to pay Wooster income tax Attached are photocopies of all four page | at the partner, shareho | older, or membei | level rather than e | entity level |
| Entity has allocated less than 100%. Pho who were residents of the City of Wooste | | | | |
| Entity has allocated less than 100%. The were residents of the City of Wooster at | | | | |
| · | th Federal Income Ta | • | | deral Return |
| ITEMS NOT DEDUCTIBLE ON WOOSTER RETURN | | ITEMS NO | OT TAXABLE TER RETURN | |
| A. CAPITAL LOSSES (EXCLUDING | н. С | CAPITAL GAINS (EX | CLUDING ORDINARY | |
| ORDINARY LOSSES) \$ | | GAINS) | | \$ |
| B. EXPENSES APPLICABLE TO NON-TAXABLE | L [| DIVIDENDS | | \$ |
| INCOME \$ | | | | |
| | J. II | NTEREST INCOME | | \$ |
| C. CITY TAXES BASED ON INCOME \$ | K B | ROYALTIES (FROM I | NTANGIBI F | |
| D. ALL STATE INCOME OR CERTAIN STATE | | PROPERTY ONLY) | WWW | \$ |
| FRANCHISE TAXES (SEE INSTRUCTIONS) \$ | | · | | |
| | | STATE FRANCHISE | TAX PAID ON NET | |
| | V | VORTH BASIS OVE | R NET INCOME BASIS | \$ |
| F. OTHER (please list): | M. C | OTHER (please list): | | |
| \$ | | , | | \$ |
| G. TOTAL (Enter on line 2A) | _{N.} T | OTAL (Enter on line | 2B) | \$ |