

# 2018 CITY OF WOOSTER BUSINESS INCOME TAX RETURN

## FOR C CORPORATIONS, S CORPORATIONS TRUSTS, ESTATES AND PARTNERSHIPS

For calendar 2018 or tax year beginning \_\_\_\_\_, \_\_\_\_\_, ending \_\_\_\_\_, \_\_\_\_\_

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

### City Taxable Income - Attach Federal Return & Supporting Statements

<b>1</b> Total taxable income (loss) <i>per copy of complete federal return attached, see instructions</i>		<b>1</b>
<b>2</b> Adjustments complete schedule Z On back of return		
A. Items not deductible Schedule Z Line F	<b>2A</b>	
B. Items not taxable Schedule Z Line L	<b>2B</b> (                    )	
<b>3</b> Adjusted Net Income (Loss) <i>Add lines 1 and 2A, then subtract Line 2B</i>		<b>3</b>
<b>Wooster Taxable Income - Complete Schedule Y on back of return</b>		
<b>4</b> Amount allocable to Wooster income tax (multiply line 3 by schedule Y percentage of _____ %)		<b>4</b>
<b>5</b> Net operating loss carry forward		<b>5</b> (                    )
<b>6</b> Amount subject to Wooster income tax <i>Subtract line 5 from line 4</i>		<b>6</b>
<b>7</b> Enter amount from line 6, if greater than 0		<b>7</b>
<b>8</b> Wooster income tax <i>Multiply line 7 by .015 (1.5%)</i>		<b>8</b>

### Payments

<b>9</b> A. 2017 Overpayment	<b>9A</b>	
B. 2018 Estimated tax payments	<b>9B</b>	
C. Amount paid with extension towards 2018 taxes	<b>9C</b>	
<b>10</b> Total payments <i>Add lines 9A, B, C</i>		<b>10</b>

### Refund or Amount Due \*\*\*Amounts \$10.00 or Less Are Not Be Due and Will Not Be Refunded\*\*\*

<b>11</b> Amount overpaid <i>If line 10 is greater than line 8, enter overpayment</i>		<b>11</b>
<b>12</b> Amount due <i>If line 8 is greater than line 10, enter tax due if amount is \$10.00 or less enter 0</i>		<b>12</b>
<b>13</b> Amount of Line 11 to be refunded <i>No refund if amount on line 11 is \$10.00 or less</i>		<b>13</b>
<b>14</b> Amount of Line 11 to be applied towards 2019 estimated taxes		<b>14</b>
<b>Penalty &amp; Interest</b>	<b>15</b> Late filing penalty \$25.00 (Per month or fraction thereof, not to exceed \$150.00)	<b>15</b>
	<b>16</b> Penalty 15% of amount not paid timely	<b>16</b>
	<b>17</b> Interest .5% per month of tax not paid timely	<b>17</b>

### Declaration of Estimated Tax for 2019

<b>18</b> 2019 Tax estimate \$ _____ Amount from Line 14 \$ _____ Remaining estimate due		<b>18</b>
<b>19</b> AMOUNT DUE WITH RETURN (add lines 12, 15, 16, 17 & 18 make check payable to "City of Wooster")		<b>19</b>

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	_____	_____	
Gross annual rental paid multiplied by 8	_____	_____	
Total Step 1	_____	_____	_____ %
2 Gross receipts from sales and/or services provided	_____	_____	_____ %
3 Wages, salaries, paid employees, etc.	_____	_____	_____ %
4 Total percentages			_____ %
5 Average percentage (divide total percentages by number of percentages used)			_____ %

**SCHEDULE Z****Reconciliation with Federal Income Tax Return**

ITEMS NOT DEDUCTIBLE		ITEMS NOT TAXABLE	
A Capital/ IRS Section 1231 losses	_____	G Capital/IRS Section 1231 gains	_____
B 5% of expenses applicable to non-taxable income	_____	H Dividends	_____
C Taxes based on income	_____	I Interest income	_____
D Amounts paid or accrued to qualified retirement, health and life insurance plans on behalf of	_____	J Royalties (intangible)	_____
E Other (please list):	_____	K Other (please list):	_____
	_____		_____
F Total- Enter on line 2A	_____	L Total- Enter on line 2B	_____