2018 NON-FILING DECLARATION

Notification for businesses not required to file 2018 Wooster Tax Return

Extension Request and 2019 Estimated Tax Declaration on reverse side

Mail Return to: City of Wooster Income Tax
PO BOX 1088
Wooster, Ohio 44691-7081

for calendar 2018 or tax year beginning _____, _____ , ending _____, _____

Please print or type	Name		Federal Identification Number
	Number and Street		
	City, State, Zip Code		

Check one box only, sign form at bottom

☐ The above business entity is not required to file a 2018 Wooster income tax return because it has ceased all operations effective _____

☐ The above business entity is not required to file a 2018 Wooster income tax return because it has not done any business within the City of Wooster in 2018 or fiscal period noted above. In addition, the company did not have any physical assets located within Wooster, and did not pay compensation to employees for services performed in Wooster during this period. The company expects to do business within Wooster in the following fiscal period. For this reason, it should be left on active filing status for following years.

☐ The above business entity is not required to file a 2018 Wooster income tax return because it has not done any business within the City of Wooster in 2018 or fiscal period noted above. In addition, the company did not have any physical assets located within Wooster, and did not pay compensation to employees for services performed in Wooster during this period. The company does not expect to do business within Wooster in the future. Please de-activate this tax account. If we again do business within Wooster, we will notify Wooster's income tax office.

☐ Other: Attach explanation

PLEASE SIGN HERE

I declare that, to the best of my knowledge, the above checked statement is true and correct. I also declare that any records that conflict with the above statements will be reconciled with the City of Wooster.

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

_____   _____
Signature of Officer   Date

_____
Title

_____
Telephone Number