

2019 WOOSTER INDIVIDUAL TAX RETURN

E-Z FORM FOR WOOSTER RESIDENTS



For period of January 1, 2019 - December 31, 2019

Due on or before April 15, 2020

Full Name	Spouse's Name (if this is a joint return)
Address	
City, State & Zip Code	
Social Security No.	Spouse's Social Security No. (if this is a joint return)

Mail To:

CITY OF WOOSTER
INCOME TAX DEPT
PO BOX 1088
WOOSTER OH 44691

QUESTIONS?

(330) 263-5226

RESIDENTS of Wooster may use this form if one or more of the below listed situations applies to them:

NON-RESIDENT TAXPAYERS AND RESIDENTS WHOSE INCOME IS NOT IN ONE OF THE CATEGORIES SHOWN BELOW SHOULD USE THE WOOSTER INDIVIDUAL INCOME TAX RETURN STANDARD FORM (Page 5).

Part-year residents: Date moved in _____ Date moved out _____

Please check the applicable box or boxes and sign below.

You MUST attach page 1 of your Federal 1040

- RETIRED and received only pension, social security, interest, dividend or other non-taxable income for all of 2019.
- All wages earned had municipal income tax withheld at a rate of 1.5% or greater and I did not have any other type of business or rental activity in the 2019 calendar year. **Copies of all W-2's must be attached.**
- All wages earned were pay received as an active member of the Armed Forces of the United States and I did not have any other type of business or rental activity in 2019. Copies of all W-2's must be attached.
- Under age 18 for all of 2019 and was sent a tax return. Attach a copy of birth certificate or driver's license.
- No taxable income for the entire year. If you filed a federal tax return, attach a copy of the return.
- Taxpayer was deceased prior to 1-1-2019. Attach a copy of death certificate.

I/we certify that I/we have examined this return and any accompanying schedules and statements, and to the best of my/our knowledge and belief, they are true correct and complete. I/we realize providing any false information is grounds for prosecution

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

Taxpayer's Signature

Date

Spouse's Signature (if jointly filed)

Date