

**2020 WOOSTER INDIVIDUAL TAX RETURN  
E-Z FORM FOR WOOSTER RESIDENTS**



**January 1, 2020-December 31, 2020  
Due on or before May 17, 2021**

|                        |  |
|------------------------|--|
| 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 2020.
- 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 2020 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 2020. Copies of all W-2's must be attached.
- Under age 18 for all of 2020 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 1-1-2020. 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