

## 2025 CITY OF WOOSTER BUSINESS INCOME TAX RETURN

For calendar 2025 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:	

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

<b>1</b>	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) Add lines 1 and 2A, then subtract Line 2B *If a loss this is your NOL for 2024	<b>3</b>	
	A. Net operating loss deduction	<b>3A</b>	( )
<b>4</b>	Wooster Taxable Income - Subtract line 3A from 3	<b>4</b>	
<b>5</b>	Amount allocable to Wooster income tax (multiply line 4 by schedule Y percentage of _____ %)	<b>5</b>	
<b>6</b>	Wooster income tax Multiply line 5 by .015 (1.5%)	<b>6</b>	

### Payments

<b>7</b>	A. 2024 Overpayment	<b>7A</b>		
	B. 2025 Estimated tax payments	<b>7B</b>		
	C. Amount paid with extension towards 2025 taxes	<b>7C</b>		
<b>8</b>	Total payments Add lines 7A, B, C	<b>8</b>		

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

<b>9</b>	Amount overpaid <i>If line 8 is greater than line 6, enter overpayment</i>	<b>9</b>	
<b>10</b>	Amount due <i>If line 6 is greater than line 8, enter tax due if amount is \$10.00 or less enter 0</i>	<b>10</b>	
<b>11</b>	Amount of Line 9 to be refunded <i>No refund if amount on line 9 is \$10.00 or less</i>	<b>11</b>	
<b>12</b>	Amount of Line 9 to be applied towards 2026 estimated taxes	<b>12</b>	
<b>Penalty &amp; Interest</b>	<b>13</b>	Late filing penalty \$25.00	<b>13</b>
	<b>14</b>	Penalty 15% of amount not paid timely	<b>14</b>
	<b>15</b>	Interest .833% per month of tax not paid timely	<b>15</b>

### Declaration of Estimated Tax for 2026

<b>16</b>	2026 Tax estimate \$ _____ Amount from Line 9 \$ _____ Remaining estimate due	<b>16</b>	
<b>17</b>	<b>AMOUNT DUE WITH RETURN</b> (add lines 10, 13, 14, 15& 16 make check payable to "City of Wooster")	<b>17</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

**PLEASE SIGN ABOVE**

\_\_\_\_\_  
Paid Preparer's Signature Date

\_\_\_\_\_  
Firm (or individual)

\_\_\_\_\_  
Preparer's address

\_\_\_\_\_  
Preparer's telephone number

**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)			_____ %

**\*\*Please provide the company name and federal ID for which the withholding tax was remitted, if different than the company filing this return**

Company Name

Federal Identification Number

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

ITEMS NOT DEDUCTIBLE		ITEMS NOT TAXABLE	
A Capital/ IRS Section 1221/1231 losses	_____	G Capital/IRS Section 1221/1231 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	_____