

FORM R

WAVERLY INCOME TAX RETURN

CALENDAR YEAR

CITY OF WAVERLY
DEPT. OF TAXATION
201 West North Street
Waverly, Ohio 45690
740-947-8177

Fiscal Year Begin \_\_\_\_\_ End \_\_\_\_\_

DUE ON OR BEFORE APRIL 15
OR 4 MONTHS AFTER CLOSE OF FISCAL YEAR

RESIDENTS INCLUDING
PART-YEAR RESIDENTS
MUST FILE REGARDLESS
OF TAXABLE INCOME.

TAXPAYER ID NO., NAME(S) & ADDRESS

RESIDENCY STATUS - Check One

Resident
Non-resident
Partial year resident from \_\_\_\_\_ to \_\_\_\_\_

Social Security. No \_\_\_\_\_

Spouse Social Sec. # \_\_\_\_\_

Fed. ID No. (Businesses) \_\_\_\_\_

IF YOU HAD NO TAXABLE INCOME

PLEASE CHECK REASON BELOW: Taxpayer Spouse (W)

Unemployed (Entire year) \_\_\_\_\_

Retired \_\_\_\_\_

Social Security \_\_\_\_\_

Disability \_\_\_\_\_

ADC/General Relief \_\_\_\_\_

Other(explain) \_\_\_\_\_

If you rent, give name and address of landlord.
NAME: \_\_\_\_\_
ADDRESS: \_\_\_\_\_

1. GROSS WAGES, SALARIES, TIPS, COMMISSIONS & OTHER EMPLOYEE COMPENSATION BEFORE PAYROLL DEDUCTIONS (ALL W-2'S MUST BE ATTACHED)

Table with 5 columns: Name of Employer, Cty or Twp. Where Employed, Waverly Tax Withheld, Other Tax Withheld Not to exceed 1/2 %, Gross TOTAL WAGES. Includes a TOTALS row with sub-totals 1A, 1B, and 1C.

2. Income other than wages, from schedules C, E, etc (pertinent schedules must be attached).....2. \$ \_\_\_\_\_

3. TOTAL INCOME (Total lines 1C & 2,).....3. \$ \_\_\_\_\_

4. From Schedule X.....4 \$ \_\_\_\_\_

5. Total income.....5 \$ \_\_\_\_\_

A Allocation \_\_\_\_\_% of Line 5 (FROM SCHEDULE Y) (BUSINESS INCOME ONLY).....5A \$ \_\_\_\_\_

6. Tax due ( 1/2 % x Line 5 or 5A) .....6 \$ \_\_\_\_\_

7. Tax credits: (a) Waverly Tax Withheld (Column 1A above) .....7(a) \_\_\_\_\_

(b) Other City Tax Withheld (Column 1B above) Cannot Exceed 1/2% of Each Wage....7(b) \_\_\_\_\_

(c) Other: Estimates, Direct Payments, Credit from Prior Year.....7(c) \_\_\_\_\_

(d) Total Credit Available.....7(d) \$ \_\_\_\_\_

8. Balance of tax due (Line 6 less Line 7(d)).....8. \$ \_\_\_\_\_

9. Penalty \$ \_\_\_\_\_ (25 First Time;\$50 each time thereafter) Interest \$ \_\_\_\_\_ (8% Per Annum; \$10 Minimum)...9. \$ \_\_\_\_\_

10. Total amount due (Make Check Payable to Waverly Department of Taxation) (Do Not Remit if under \$1,000).....10. \$ \_\_\_\_\_

11. If overpayment: Credit to 20 \$ \_\_\_\_\_ Refund \$ \_\_\_\_\_ (NO REFUND OR CREDIT TRANSFERS UNDER \$1.00)

The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated and that the figures used herein are the same as used for Federal Income Tax purposes, and if an audit of Federal return is made which affects tax liability shown on this return, an amended return will be filed within three months,

Signature of Person Preparing Return (If Other Than Taxpayer) Date

Signature of Taxpayer Date

Address Phone Number

Signature of Spouse Date