

**FORM R**

**WAVERLY INCOME TAX RETURN**

CALENDAR YEAR

CITY OF WAVERLY  
DEPT. OF TAXATION  
201 West North Street  
Waverly, Ohio 45690  
740-947-8177  
Fax: 740-947-1852

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

**DUE ON OR BEFORE APRIL 15**

OR  
4 MONTHS AFTER CLOSE OF FISCAL YEAR

**TAXPAYER'S NAME & ADDRESS**

**RESIDENCY STATUS - Check One**

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

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

Social Sec. No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Spouse \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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) \_\_\_\_\_

May we discuss this return with the preparer?  Yes  No

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)**

Name of Employer	City or Twp. Where Employed	Waverly Tax Withheld	Other Tax Withheld Not To Exceed 1%	Gross Total Wages
TOTALS: \$		1A.	1B.	1C.

- 2. Income other than wages from 1099's, Schedules C, E, etc. (pertinent schedules must be attached) 2. \$ \_\_\_\_\_
- 3. Total income (Total Lines 1C and 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 % 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 % 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 \$1.00) . . . . . 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 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 \_\_\_\_\_ Phone Number \_\_\_\_\_ Date \_\_\_\_\_