FORM FR 1109

BUSINESS - 2017
INCOME TAX RETURN
WAVERLY

MAKE CHECK OR MONEY ORDER TO:
WAVERLY INCOME TAX DEPARTMENT

P.O. BOX 48
WAVERLY OH 45690

Voice 740-947-8177 Fax 740-947-1852
incometax@cityofwaverly.net

Fiscal Period _____ **to** _____

federal schedules MUST be attached to this return.

Federal ID#

BusinessTelephone No.

Principal
Business
Activity
NAICS Code

IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES

INTO / / OUT OF / /

CHECK ONE

- ☐ CORPORATION
- ☐ SOLE PROPRIETOR
- ☐ PARTNERSHIP
- ☐ S-CORPORATION
- ☐ OTHER _____
- ☐ ESTATE
- ☐ TRUST
- ☐ FIDUCIARY

Name

And

Address

1	Total taxable income	1	
2	Adjustments (See Schedule X)	2	
3	Taxable income before allocation (Line 1 plus/minus lines 2)	3	
4	Allocation percentage (See Schedule Y)	4	%
5	Adjusted Net Income (Multiply line 3 by line 4)	5	
6	Allocable Net Loss Carry Forward	6	
7	Waverly Taxable income (Line 5 minus Line 6)	7	
8	Waverly income tax (Multiply line 7 by 1.000%)	8	
9	Credits applied from previous year(s) to this year's liability	9	
10	Estimates paid on this year's liability	10	
11	Other credits	11	
12	Total credits (Total line 9, 10 and 11)		12
13	Tax due (If line 8 is greater than line 12, subtract line 12 from line 8) If greater than 10.00		13
14	Penalty	14	
15	Interest	15	
16	Total due (Total line 13, 14 and 15)		16
17	Overpayment (Issued if greater than 10.00)		17
18	Amount to be refunded	18	
19	Amount to be credited to next year	19	

Declaration of Estimate For 2018

20	Total estimated income subject to tax	20	
21	Estimated tax due. (Multiply line 20 by 1.000%)		21
22	Less credits (from 19 above)		22
23	Net estimated tax due (subtract line 22 from line 21)	23	
24	Minimum amount due for first quarter (Multiply line 23 by)		24

Amount You Owe

25	Total amount due (add lines 16 and 24)		25

Tax Office Use Only : Tax Office Use Only : Tax Office Use Only

TaxPayer's Signature Date

Tax Preparer's Signature Date
(If other than taxpayer)

Phone No. _____

CREDIT CARD INFORMATION FOR PAYMENT

☐ DISCOVER ☐ MasterCard ☐ VISA

ACCOUNT NUMBER

SECURITY PIN

CARD EXPIRATION / /

AMOUNT

CARD HOLDER SIGNATURE - SIGN HERE

May CITY OF WAVERLY discuss this return with the preparer shown above ___Yes ___No