

INCOME TAX RETURN WAVERLY

Due Date 04/15/2019

CHECK IF AMENDED RETURN IF YOU HAD NO TAXABLE INCOME, CHECK ONE

TAXPAYER SPOUSE

UNEMPLOYED RETIRED

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

Form with fields for Taxpayer's Social Security No., Home/Cell Telephone No., Business Telephone No., Spouse's Social Security No., Spouse's Name, and Filing Status options (Single, Married filing joint, Married filing separate, RESIDENT, NON-RESIDENT).

Name And Address IF NAME OR ADDRESS IS INCORRECT PLEASE MAKE NECESSARY CHANGES

Filing Status and IF YOU RENT, PLEASE GIVE LANDLORD'S INFORMATION (NAME, ADDRESS)

Income section with lines 1-3: 1 Wages, salaries, tips, etc. 2 Other taxable income 3 Total taxable income

Tax and Credits section with lines 4-9: 4 Waverly tax due before credits 5 Estimated tax payments made to Waverly 6 Taxes withheld and paid to Waverly 7 Overpayment from prior year(s) 8 Taxes withheld and paid to other localities 9 Total credits

Refund section with lines 10-12: 10 If line 9 is greater than line 4, subtract line 4 from line 9. This is the amount you overpaid 11 Amount of line 10 to be credited to next year's estimate 12 Amount of line 10 to be refunded

Tax Due section with lines 13-14: 13 If line 4 is more than line 9, subtract line 9 from 4, this is the tax amount you owe 14 Penalties and interest

Declaration of Estimate For 2019 section with lines 15-20: 15 Estimated income 16 Estimated tax due. Multiply line 15 by 1.00% 17 Taxes to be withheld and paid to Waverly and other cities 18 Prior credit applied to estimated tax payments (From line 11) 19 Net estimated tax due (subtract line 17 and 18 from 16) 20 Minimum amount due for first quarter (multiply line 19 by 25%)

Amount You Owe section with line 21: 21 Total amount due (add lines 13, 14 and 20)

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

Signatures: Taxpayer's Signature, Spouse's Signature, Tax Preparer's Signature (If other than taxpayer) Phone No.

CREDIT CARD INFORMATION FOR PAYMENT: Includes MasterCard and VISA logos, ACCOUNT NUMBER, SECURITY PIN, CARD EXPIRATION, AMOUNT, and CARD HOLDER SIGNATURE - SIGN HERE.

All appropriate Federal schedules and W-2's must be attached. A return is not acceptable without signature(s) and schedules. Tax balances are due by April 15, 2019.

WORKSHEET A

Qualifying Wages (Generally Box 5, Medicare Wages) ATTACH ALL W-2's

Column A	Column B	Column C	Column D	Column E
Name of Employer	Qualifying Wages (Box 5 on W-2)	Waverly Tax Withheld (Box 19 on W-2)	Other City Tax Withheld (Box 19) (not to exceed 1.00%)	Part Year Resident Only Dates Wages Were Earned
Totals				

Carry this amount to front page, Line 1 Line 6 Line 8

If the tax was withheld for more than one city on a single W-2, compute the maximum credit for each city separately.

If your only income is reported on W-2's, do not complete any of the following worksheets, continue to front page.

WORKSHEET B

Other Income or Loss (Schedule C, E, F, K-1, 1099-MISC, W-2G, etc.)

To avoid delay in processing or receiving additional documentation requests, attach copies of all federal forms and schedules used to compute your local income along with verification of tax paid directly to other cities.

1. **SCHEDULE C – Profit or Loss from Business (Attach Form 1040 and Schedule 1, Schedule C)**
 - a: Net Profit/Loss from Federal Schedule C.....\$ _____
 - b: Percentage Allocable to Waverly – Residents use 100%; Non-Residents complete Schedule Y.....\$ _____
 - c: Waverly Profit/Loss (Line 1a multiplied by Line 1b).....\$ _____
2. **SCHEDULE E – Profit/Loss from Rents/Royalties (Attach Form 1040 and Schedule 1, Schedule E).....\$ _____**
3. **SCHEDULE E – Profit/Loss from Partnerships (Attach Form 1040 and Schedule 1, Schedule E and Forms K-1)\$ _____**
4. **SCHEDULE F – Profit/Loss from Farming (Attach Form 1040 and Schedule 1, Schedule F).....\$ _____**
5. **Form 1099-MISC– Miscellaneous Income (Attach Form(s) 1099-MISC and Form 1040 and Schedule 1).....\$ _____**
6. **W-2G– Gambling Winnings (Attach Form(s) W-2G).....\$ _____**
7. **OTHER Not included in Schedule C or E (Income from Partnerships , Estates and Trusts)**
 - List separately and provide detailed documentation\$ _____
8. **SUBTOTAL – Add Lines 1c through Line 7.....\$ _____**
9. **LESS – NOL 2017 Carryforward.....\$ _____**
10. **LESS – Time worked outside of Waverly for business (Non-Residents ONLY) See Instructions.....\$ _____**
11. **TOTAL – Line 8 minus line 9 and/or Line 10.....\$ _____**

If line 11 is a loss, enter negative amount on Front Page, Line 2. Otherwise, enter Line 11 on Front Page, Line 2.

Worksheet C

Year (yyyy)	<u>2017</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>
Loss	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Amount Used	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Remaining Available NOL	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

SCHEDULE Y

BUSINESS APPORTIONMENT FORMULA (NON-RESIDENTS ONLY)

	Located Everywhere (A)	Located in Waverly (B)	Percentage (B/A)
STEP 1. Original Cost of Real and Tangible Property	_____	_____	_____
Gross Annual Rents paid Multiplied By 8	_____	_____	_____
TOTAL STEP 1	_____	_____	_____
STEP 2. Wages, Salaries and Other Compensation Paid	_____	_____	_____
STEP 3. Gross receipts from Sales Made/Services Performed	_____	_____	_____
STEP 4. Total Percentages (Add Percentages from Steps 1-3)	_____	_____	_____
STEP 5. Apportionment Percentage (Step 4/the number of percentages used) Enter on Worksheet B, Line (1) b	_____	_____	_____