

FORM R

WAVERLY INCOME TAX RETURN

CALENDAR YEAR

CITY OF WAVERLY
DEPT. OF TAXATION
P. O. Box 427
201 West North Street
Waverly, Ohio 45690
Phone : 740-947-8177
Fax: 740-947-1852

Fiscal Year Begin _____ End _____

DUE ON OR BEFORE APRIL 15 OR

4 MO. AFTER CLOSE OF FISCAL YEAR

TAXPAYER'S NAME & ADDRESS

RESIDENCY STATUS - Check One

- Resident
Non-resident
Partial year resident from _____ to _____

Social Sec. No. _____ - _____ - _____ Spouse _____ - _____ - _____

Fed. ID No. (Businesses) _____

IF YOU HAD NO TAXABLE INCOME

PLEASE CHECK REASON BELOW:

- Unemployed (Entire year)
Retired
Social Security Disability
ADC/General Relief
Other (explain)

Taxpayer Spouse(w)

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)

Table with 5 columns: Name of Employer, City or Twp. Where Employed, Waverly Tax Withheld, Other Tax Withheld Not To Exceed 1%, Gross Total Wages. Includes a TOTALS row.

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. Estimated Tax Due for 2015 (Not Less Than 25% of Line 6 required on all income from which Waverly Tax is not withheld) 10. \$

11. Total amount due (Make Check Payable to Waverly Department of Taxation) (Do Not Remit if Under \$1.00) 11. \$

12. 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 No.

Signature of Spouse Phone No. Date