

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) _____

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

May we discuss this return with the preparer? _____ yes _____ no

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, 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 _____