OFFICE USE ONLY
Acct #
Payment \$
Check #
Cash/CC #
Refund ☐ Carryover ☐

## CITY OF WAUSEON

FROM \_\_\_\_

## BUSINESS INCOME TAX RETURN DUE ON OR BEFORE APRIL 15 OR IRS DUE DATE

CALENDAR	YEAR OR FISCAL	YEAR
, 20	_ THROUGH	, 20



MAIL TO: Wauseon Income Tax Department PHONE: 419-335-1171 230 Clinton St. FAX: 419-335-0063 Wauseon, OH 43567 WEBSITE: www.cityofwauseon.com NAME(S): \_\_\_\_\_\_ FEIN #: \_\_\_\_\_ NATURE OF BUSINESS: ADDRESS: ADDRESS CHANGE: () FINAL RETURN: () 2. ADJUSTMENTS TO INCOME **a.** Additions \$\_\_\_\_\_\_ minus b. Deductions \$\_\_\_\_\_ 2. 4. PERCENT ALLOCATED TO WAUSEON -If allocation formula is used from worksheet C. 5. NET OPERATING LOSS - Enclose a worksheet showing prior year losses for up to 5 years 8. CREDITS - Estimated payments \$\_\_\_\_\_\_ plus Prior year carryover \$\_\_\_\_\_\_\_ 8. 9. BALANCE OF TAX DUE (Line 7 minus line 8) Amounts under \$10 are not due, credited, or refundable...............9. a. Refund \_\_\_\_\_ b. Carryover \_\_\_\_\_ 11. PENALTY/INTEREST a. UNDERPAYMENT/LATE PENALTY (see instructions) – Multiply line 6 X 15% (.15) .... a. \_\_\_\_\_\_ b. INTEREST OF LINE 6 (See website for %) REGARDLESS OF EXTENSION...... b. c. LATE FILING FEE \$25 PER MONTH UP TO \$150 ...... c. \_\_\_\_\_ c. Make checks payable to the **Commissioner of Taxation or City of Wauseon** TAX PREPARER TAXPAYER Print Name \_\_\_\_\_ DATE Address Oheck to authorize us to speak with preparer

## 

1. Guaranteed payments to Partners			1		
2. Income taxes taken as deduction			2		
3. Expense:	s attributable to the production of nontaxable income. At I	east 5% of Worksheet	B line 5 3		
	rtions in excess of 10% of net profits, sole proprietor Keoug	• • • • • • • • • • • • • • • • • • • •			
5. Total additions to income (add lines 1 thru 4). Transfer to line 2a on page 1					
WORKSHE	EET B – DEDUCTIONS FROM INCOME				
1. Deduct interest income included in income on page 1 line 1			1	1	
2. Deduct dividend income (less Federal exclusions)			2	2.	
3. Deduct income from patents and copyrights				3	
4. Other De	eductions – Describe and attach documentation.				
•	ied tax ordinance does not allow Federal schedule A (itemized de e business expense based on Federal 2106 form	•			
5. Total ded	ductions from income (add lines 1 thru 4) Transfer to line 2	b on page 1	5		
WORKSHE	EET C – BUSINESS APPORTIONMENT FORMULA				
STEP 1.	Average original cost of real & tangible person property	A. Located everywhere	B. Located in Wauseon	C. Percentage (B ÷ A)	
	Gross annual rentals multiplied by 8 TOTAL Step 1				
STEP 2.	Wages, Salaries, and all compensation paid				
STEP 3.	Gross Receipts from sales made or work/services performed				
STEP 4.	Total percentages (add steps 1-3)				
STEP 5.	Apportionment Percentage (divide total percentage by numbe	r of percentages used)			

## **ESTIMATED PAYMENTS ARE REQUIRED**

Any taxpayer having or anticipating a tax liability to the City of Wauseon shall file a declaration of estimated tax and pay the estimated tax due in quarterly installments. Complete the estimated Wauseon tax form (available on the website) for each quarterly payment and submit to the address provided.

<sup>\*</sup> Enclose copies of all 1120(s)(a), 1065, K-1s, and any other Federal Forms and Schedules used to compute the local net profit.

<sup>\*</sup> A copy of the Federal extension must be filed with the return.