

TAX OFFICE HOURS:
 Monday thru Friday: 9:00am - 5:00pm. or by appointment
 Assistance is available at the Income Tax Department, 125 Schoolhouse Street P.O. Box 39 Wayne, Ohio 43466 419-288-3075

THIS IS NOT A FEDERAL RETURN
INCOME TAX RETURN 2015

WAYNE, OHIO INCOME TAX
 FOR THE CALENDAR YEAR 2015
 FOR FISCAL YEAR BEGINNING _____, ENDING _____

ALL RESIDENTS MUST FILE A TAX RETURN UNLESS THEY ARE RETIRED WITH NO TAXABLE INCOME.

This return must comply with Ordinance 10-14-684, as amended, and with its supplemental regulations.

IF NAME OR ADDRESS IS INCORRECT MAKE NECESSARY CHANGES
 (LIST BOTH NAMES & SOCIAL SECURITY NUMBERS IF FILING A JOINT RETURN)

Taxpayer Social Security No. _____
 Spouse Social Security No. _____
 If you moved: Into Wayne on _____
 From Wayne _____
 List any year that IRS changed your taxable income _____
 Will you have taxable income for 2016? No Yes

SCHEDULE A

ENTER YOUR TOTAL WAGES, salaries, bonuses, incentive payments, commissions BEFORE ANY PAYROLL DEDUCTIONS, received between January 1st and December 31 from each employer or source. INCLUDE SICK PAY that is paid by employer and amounts deducted as Federal Tax Sheltered Annuities or Deferred Compensation. **(ROUND TO NEAREST DOLLAR)**

(A1) Name of Employer	(A2) City or Twp. Where Employed	(A3) Wayne Tax Withheld	(A4) Total Wages
		\$.00	.00
		.00	.00
		.00	.00
		.00	.00
		.00	.00
TOTAL		\$.00	\$ XXXXXXXXXXXXXXXX

****STAPLE FORMS W-2 ACROSS TOP, REAR.****

1. Total Wages..... (1)	\$.00
2. Other Income (Lottery & Gambling winnings) and (from page 2 or Federal Income Schedules attached)..... (2)	\$.00
3. Total Income..... (3)	\$.00
4. Wayne Income Tax, 3/4% of line 3..... (4)	\$.00
5. Tax Credits:	
(a) Wayne Tax Withheld.....	\$.00
(b) Prior year credit.....	\$.00
(c) Estimates paid.....	\$.00
Total Credit (5a + 5b + 5c)..... (5)	\$.00
6. Line 4 Less Line 5 (If minus figures, enter on line 9 and mark disposition)..... (6)	\$.00
7. Additional Charges:	
(a) Interest (1.0% per month of Line 6).....	\$.00
(b) Penalty (1.0% per month of Line 6).....	\$.00
(c) Late filing Penalty (\$5.00 in addition to lines 7a & 7b if filed late).....	\$.00
(d) Total of lines (7a, 7b, & 7c)..... (7)	\$.00
8. TOTAL DUE: (Line 6 plus line 7) - Make check payable to WAYNE VILLAGE INCOME TAX. DUE WITH RETURN..... (8)	\$.00
9. Overpayment: Credit on next year's return: Estimate: \$ _____ Refund \$ _____..... (9)	\$.00

FILE THIS RETURN WITH INCOME TAX DEPARTMENT, 125 SCHOOLHOUSE STREET, P.O. BOX 39, WAYNE, OHIO 43466 ON OR BEFORE APRIL 18, 2016

IF RENT IS PAID OR RECEIVED, STATE TO OR FROM WHOM:

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 which affects tax liability shown on this return, an amended return will be filed within three months.

CHECK BOX IF WE MAY DISCUSS THIS RETURN WITH YOUR PREPARER.

 Signature of person preparing this return other than taxpayer

X

 Signature (Title) (Date)

 Name and Address of Firm or Employer

XX

 Signature Telephone

DISREGARD THIS PAGE IF ENTIRE TAXABLE INCOME IS FROM SALARIES AND WAGES.

Note: A copy of the appropriate Federal Schedule is encouraged for Schedules C and E, and is required for Schedules D, F, and Z

SCHEDULE C Profit (Loss) from Business or Profession

Name Address Type of Business

- 1. Total Receipts, less Allowances, Rebates and Returns
2. Less (a) Cost of Goods Sold, or (b) Cost of Operations, whichever is applicable
3. Gross Profits from Sales, etc., (line 1 less line 2)
4. Dividends \$; Interest \$; Royalties \$
5. Rents Received, If Connected with Trade or Business
6. Other Business Income (Specify)
7. Total Business Income Before Deductions

BUSINESS DEDUCTIONS

- 8. Compensation of Officers
9. Salaries and Wages Not Deducted Elsewhere
10. Rents
11. Interest or Business Indebtedness
12. City Income Taxes on Business
13. Other Business Taxes
14. Bad Debts
15. Depreciation, Amortization, Depletion
16. Repairs
17. Commissions (Attach 1099)
18. Subcontracts (Attach List)
19. Other
20.
21.
22.
23.
24.
25.
26.
27.
28.
29.
30.
31. Total Business Deduction (total of lines 8 to 30)
32. Net Profit (Loss)

*Landlord's Name and Address

SCHEDULE D Total from Federal Schedule (attach copy)

SCHEDULE E Rental and other income

Table with 6 columns: Location of Property, Amount of Rent, Depreciation, Repairs, Other Expenses, Net Income

Other Income - Partnerships, Commissions, Fees, Tips, Etc. (Do not include interest or dividends.)

Table with 2 columns: Received From, For (describe)

SCHEDULE F Farm Income Attach Copy of Federal Schedule F or 4835

Location of Farm Total Income (or Loss) Schedule F

TOTALS Schedules C, D, E & F

SCHEDULE Y Business Allocation Formula

Table with 4 columns: Step, a. Located Everywhere, b. Located in This Municipality, c. Percentage (b ÷ a)

SCHEDULE Z Partnership Entity - Taxable Income Fed. Form 1065 including Schedules must be provided