

TAX OFFICE HOURS:

By appointment

Assistance is available
at the Income Tax Department,
125 Schoolhouse Street
P.O. Box 39
Wayne, Ohio 43466
419-288-2288

THIS IS NOT A FEDERAL RETURN
INCOME TAX RETURN 2025

WAYNE, OHIO INCOME TAX
FOR THE CALENDAR YEAR 2025
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 2026? 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 (from Box 5 of W-2s)
		\$.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 and 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 (6.0% per month of Line 6).....		\$.00
(b) Penalty (15% per month of Line 6).....		\$.00
(c) Late filing Penalty (\$25.00 per month 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
No tax due or refunds on amount less than \$10.00.		

FILE THIS RETURN WITH INCOME TAX DEPARTMENT, 125 SCHOOLHOUSE STREET, P.O. BOX 39, WAYNE, OHIO 43466 ON OR BEFORE APRIL 15, 2026

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)

XX

Name and Address of Firm or Employer

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 (Attach copy of Federal Schedule C)

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
(Indicate labor charges included) _____
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..... \$ _____ | 19. Other..... _____ |
| 9. Salaries and Wages Not Deducted _____ | 20. _____ |
| Elsewhere..... _____ | 21. _____ |
| 10. Rents..... _____ | 22. _____ |
| 11. Interest or Business Indebtedness..... _____ | 23. _____ |
| 12. City Income Taxes on Business _____ | 24. _____ |
| 13. Other Business Taxes..... _____ | 25. _____ |
| 14. Bad Debts..... _____ | 26. _____ |
| 15. Depreciation, Amortization, Depletion..... _____ | 27. _____ |
| 16. Repairs..... _____ | 28. _____ |
| 17. Commissions (Attach 1099) _____ | 29. _____ |
| 18. Subcontracts (Attach List)..... _____ | 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 (Attach copy of Federal Schedule E)

Location of Property	Amount of Rent	Depreciation	Repairs	Other Expenses	Net Income
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Totals	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

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

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

	a. Located Everywhere	b. Located in This Municipality	c. Percentage (b ÷ a)
STEP 1. Average Value of Real & Tangible Personal Property	_____	_____	_____ %
Gross Amount Rentals Paid Multiplied by 8.....	_____	_____	_____ %
TOTAL STEP 1.....	_____	_____	_____ %
STEP 2. Gross Receipts From Sales Made and/or Work or Services Performed (see instructions)	_____	_____	_____ %
STEP 3. Wages, Salaries, and Other Compensation Paid	_____	_____	_____ %
STEP 4. Total Percentages.....	_____	_____	_____ %
STEP 5. Average Percentage (Divide Total Percentages by Number of Percentages Used)			_____ %

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

\$ _____