

OR OTHER TAXABLE PERIOD BEGINNING \_\_\_\_\_ 20 \_\_\_\_\_ and ENDING \_\_\_\_\_ 20 \_\_\_\_\_

**READ INSTRUCTIONS**  
**Failure to File This Return by April 15th Will**  
**Result In a Minimum Penalty of \$25.00**  
 PLEASE MAKE NECESSARY CORRECTIONS

This return must be submitted by everyone who is age 18 or more and who is a resident of Wickliffe, or who conducts a business in Wickliffe, WHETHER OR NOT TAX IS DUE.

PLEASE MAKE CHECKS AND MONEY ORDERS PAYABLE TO:  
**WICKLIFFE INCOME TAX DEPT.**  
 and Mail to: P.O. BOX 125  
 WICKLIFFE, OH 44092-0125  
**www.cityofwickliffe.com**

Tax Office  
 Tel: 440-943-7180  
 Fax: 440-943-7119

**CALL FOR FREE ASSISTANCE IN PREPARING THIS RETURN**

**★ ATTENTION ACCOUNTANTS: EXTENSIONS MUST BE RECEIVED IN OUR OFFICE BY APRIL 15 ★**

IF YOU MOVED OR HAD ANY CHANGE IN STATUS DURING 2013 THIS BLOCK MUST BE COMPLETED.

Date Moved into Wickliffe \_\_\_\_\_  
 Previous Address \_\_\_\_\_  
 Date Moved out of Wickliffe \_\_\_\_\_  
 Present Address \_\_\_\_\_

If retired and no taxable income, please complete the enclosed EXEMPTION CERTIFICATE.

1. WAGES — If your only source of income is from wages, fill in shaded areas only.		A	B
		TOTAL LOCAL W-2 WAGES	CITY TAX WITHHELD
<b>W-2 COPIES MUST BE ATTACHED</b>	EMPLOYER'S NAME		
	CITY EMPLOYED		
	LESS: 2106 EXPENSES	(\$ )	(\$ )
1) TOTALS	\$	\$	

2. PROFIT FROM ANY BUSINESS OWNED, RENTAL INCOME, GAMBLING AND **LOTTERY WINNINGS** - (FROM PAGE 2 LINE 23) \_\_\_\_\_ \$ \_\_\_\_\_  
 3. TAXABLE INCOME (ADD LINES 1A & 2) \_\_\_\_\_ \$ \_\_\_\_\_

4. WICKLIFFE CITY TAX (2% OF LINE 1 COLUMN A OR LINE 3 IF APPLICABLE) \_\_\_\_\_ \$ \_\_\_\_\_

5. CREDITS: **A.** TAX WITHHELD BY EMPLOYER (NOT TO EXCEED 2%) (FROM LINE 1 COLUMN B) \_\_\_\_\_ \$ \_\_\_\_\_  
**B.** ESTIMATED TAX PAID WICKLIFFE \_\_\_\_\_ \$ \_\_\_\_\_  
**C.** PRIOR YEAR OVERPAYMENTS/CREDITS (**DO NOT DUPLICATE ON LINE D BELOW**) \_\_\_\_\_ \$ \_\_\_\_\_  
**D.** SCHED C/SCHED E PAYMENTS MADE TO OTHER CITIES (NOT TO EXCEED 2%-- **ATTACH COPY OF TAX RETURN**) \$ \_\_\_\_\_

**E.** TOTAL CREDITS -- TOTAL OF 5(A), 5(B), 5(C) AND 5(D) \_\_\_\_\_ \$ \_\_\_\_\_

6. **BALANCE DUE (LINE 4 LESS LINE 5E) REMITTANCE PAYABLE TO CITY OF WICKLIFFE MUST ACCOMPANY THIS RETURN** \_\_\_\_\_ \$ \_\_\_\_\_

7. OVERPAYMENT CLAIMED (IF LINE 5E EXCEEDS LINE 4, ENTER DIFFERENCE HERE) \_\_\_\_\_ \$ \_\_\_\_\_

8. ENTER AMOUNT OF LINE 7 YOU WANT CREDITED TO YOUR 2014 ESTIMATED TAX \$ \_\_\_\_\_ REFUNDED \$ \_\_\_\_\_

9. **LATE FILING PENALTY - RETURNS FILED AFTER APRIL 15th, ENTER \$25.00 FINE.** \_\_\_\_\_ \$ \_\_\_\_\_

10. ASSESSMENT 1.5% PER MONTH, EFFECTIVE THE FIRST OF EACH MONTH, ENTER TOTAL HERE \_\_\_\_\_ \$ \_\_\_\_\_

11. PENALTY 10% PER MONTH, EFFECTIVE THE FIRST OF EACH MONTH, ENTER PENALTY HERE \_\_\_\_\_ \$ \_\_\_\_\_

12. TOTAL AMOUNT DUE - ADD LINES 6, 9, 10, 11 **MUST BE PAID IN FULL FOR 2013 INCOME TAX** \_\_\_\_\_ \$ \_\_\_\_\_  
 NO TAXES OR REFUNDS OF LESS THAN \$1.00 SHALL BE COLLECTED OR REFUNDED.

**IF BALANCE DUE EXCEEDS \$80 AND/OR YOU HAVE PAID THE CITY OF WICKLIFFE AN ESTIMATED TAX FOR THE 2013 TAX YEAR, COMPLETE (LINES 13 THRU 21).**

**DECLARATION OF ESTIMATED TAX FOR 2014 OR FISCAL YEAR BEGINNING \_\_\_\_\_ ENDING \_\_\_\_\_**

13. ESTIMATED TAXABLE INCOME FOR YEAR \_\_\_\_\_ \$ \_\_\_\_\_

14. ESTIMATED TAX DUE 2% (.02) OF LINE 13 \_\_\_\_\_ \$ \_\_\_\_\_

15. LESS: WICKLIFFE TAX TO BE WITHHELD \$ \_\_\_\_\_ AND/OR PAID TO ANOTHER CITY \$ \_\_\_\_\_ \$ ( )

16. BALANCE OF ESTIMATED WICKLIFFE TAX \_\_\_\_\_ \$ \_\_\_\_\_

17. CREDITS: - OVERPAYMENT CLAIMED ON PREVIOUS YEAR'S RETURN \_\_\_\_\_ \$ ( )

18. ESTIMATED TAX DUE (LINE 16 LESS LINE 17) \_\_\_\_\_ \$ \_\_\_\_\_

19. AMOUNT PAID (NOT LESS THAN ¼ OF LINE 18) **MUST BE PAID FOR 2014 DECLARATION** \_\_\_\_\_ \$ \_\_\_\_\_

20. BALANCE OF ESTIMATED TAXES TO BE BILLED QUARTERLY \_\_\_\_\_ \$ \_\_\_\_\_

**21. TOTAL TAXES DUE INCLUDING ESTIMATED PAYMENT (ADD LINES 12 AND 19) . . . . .** \$ \_\_\_\_\_

I CERTIFY I HAVE EXAMINED THIS RETURN INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS AND TO THE BEST OF MY KNOWLEDGE, BELIEVE IT IS TRUE, CORRECT AND THAT THE FIGURES USED HEREIN ARE THE SAME AS FOR FEDERAL INCOME TAX PURPOSES.

Signature of Person Preparing If Other Than Taxpayer \_\_\_\_\_ Date \_\_\_\_\_

**X** \_\_\_\_\_ Date \_\_\_\_\_  
 Signature of Taxpayer or Agent

Address or Name and Address of Firm or Employer \_\_\_\_\_

**X** \_\_\_\_\_ Date \_\_\_\_\_  
 Signature of Spouse If Joint Return

CLEVELAND, OHIO (440) 336-0601 INFORMATION

FOLD

