FORM-R WICKLIFFE INCOME TAX RETURN FOR THE CALENDAR YEAR 2014 PAGE 1

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

CALL FOR FREE ASSISTANCE IN PREPARING THIS RETURN

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

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

IF YOU MOVED OR HAD ANY CHANGE IN STATUS DURING 2014 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.

W-2 COPIES MUST BE ATTACHED	EMPLOYER'S NAME	CITY EMPLOYED	**A** TOTAL **LOCAL** W-2 WAGES	**B** CITY TAX WITHHELD
	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 2015 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 2014 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 2014 TAX YEAR, COMPLETE (LINES 13 THRU 21).

DECLARATION OF ESTIMATED TAX FOR 2015 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 2015 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.

_____   X_____
Signature of Person Preparing If Other Than Taxpayer   Date   Signature of Taxpayer or Agent   Date

_____   X_____
Address or Name and Address of Firm or Employer   Signature of Spouse If Joint Return   Date

INFORMATION CLEVELAND, OHIO (440) 336-0501

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