

2016 WICKLIFFE INCOME TAX RETURN

FOR THE CALENDAR YEAR 2016, FILE ON OR BEFORE APRIL 18, 2017
FISCAL AND PARTIAL YEARS, FILE WITHIN 105 DAYS OF END OF PERIOD

OR OTHER TAXABLE PERIOD BEGINNING _____ 20_____ and ENDING _____ 20_____

BUSINESSES SEE PAGE 2

PLEASE MAKE CHECKS AND MONEY ORDERS PAYABLE TO:
WICKLIFFE INCOME TAX DEPARTMENT
P.O. BOX 125
WICKLIFFE, OHIO 44092-0125
www.cityofwickliffe.com
Tel: 440-943-7180
Fax: 440-943-7119

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

and
Mail to:

Social Security # _____ File # _____

** IF RETIRED [] GIVE DATE OF RETIREMENT _____

IF YOU MOVED OR HAD ANY CHANGE IN STATUS DURING 2016, COMPLETE THE FOLLOWING:

Date moved into Wickliffe _____

Previous Address _____

Date moved out of Wickliffe _____

Present Address _____

Name change _____

*If renting, name of landlord _____

READ INSTRUCTIONS
Failure to File This Return by April 18th Will Result in a Minimum Penalty of \$25.00

E-mail address: _____

Phone number: _____

PLEASE
ENTER
NAME
AND
ADDRESS

If no earned income, see website for EXEMPTION CERTIFICATE

EXTENSION MUST BE RECEIVED IN OUR OFFICE BY APRIL 18.

1. WAGES —If your only source of income is from wages, fill in Line 1 thru Line 19 only.		A	B	C	D
W-2 COPIES MUST BE ATTACHED	EMPLOYERS NAME	TOTAL W-2 WAGES	WICKLIFFE TAX WITHHELD	OTHER CITY TAX WITHHELD	OTHER CITY MAX. CREDIT 100% / LIMIT 2%
	CITY EMPLOYED				
	1) TOTALS				

- 1A. TOTAL W-2 WAGES FROM COLUMN A AND 1099 INCOME \$ _____
2. PROFIT FROM ANY BUSINESS OWNED, RENTAL INCOME, GAMBLING AND LOTTERY WINNINGS \$ _____
(loss cannot offset W-2 income)
3. TAXABLE INCOME (ADD LINES 1A & 2) \$ _____

4. WICKLIFFE CITY TAX (2% OF LINE 3) \$ _____
5. CREDITS
- A. MUNICIPAL INCOME TAX WITHHELD FROM COLUMNS B & D AND 1099 INCOME \$ _____
- B. Direct Payments to Other Cities **Not To Exceed 100% of tax paid/limit 2%** \$ _____
- C. ESTIMATED TAX PAID TO WICKLIFFE FOR 2016 \$ _____
- D. PRIOR YEAR OVERPAYMENTS/CREDITS \$ _____
- E. TOTAL CREDITS ALLOWABLE (ADD 5[A] THRU 5[D]) \$ _____
6. **BALANCE DUE (LINE 4 LESS LINE 5[E]) REMITTANCE MUST ACCOMPANY RETURN** \$ _____
7. OVERPAYMENT CLAIMED (LINE 5[E] EXCEEDS LINE 4) \$ _____
8. ENTER AMOUNT OF LINE 7 YOU WANT CREDITED TO YOUR 2017 ESTIMATED TAX \$ _____ REFUNDED \$ _____
- 9A. **LATE FILING PENALTY (\$25.00 PER MONTH OR FRACTION THEREOF, NOT TO EXCEED \$150.00)** \$ _____
- 9B. 15% LATE PAYING PENALTY PER MONTH ON BALANCE DUE \$ _____ 10. INTEREST (.42% PER MONTH) \$ _____
11. TOTAL AMOUNT DUE - ADD LINES 6,9A,9B,10 **MUST BE PAID IN FULL FOR 2016 INCOME TAX** \$ _____
LESS THAN \$10.01 NOT REFUNDED OR PAYABLE AMOUNT TO BE REFUNDED \$ _____

DECLARATION OF ESTIMATED TAX FOR 2017 OR FISCAL YEAR BEGINNING _____ ENDING _____
MANDATORY ESTIMATES IF 2016 TAX BALANCE IS \$200.00 OR MORE

12. ESTIMATED TAXABLE INCOME FOR 2017 \$ _____
13. ESTIMATED TAX DUE 2% OF LINE 12 \$ _____
14. LESS: WICKLIFFE TAX TO BE WITHHELD \$ _____ AND/OR PAID TO ANOTHER CITY (UP TO 2%) \$ _____ \$ ()
15. BALANCE OF ESTIMATED WICKLIFFE TAX (Line 13 less Line 14) \$ _____
16. CREDITS:
- A. OVERPAYMENT CLAIMED ON PREVIOUS YEAR'S RETURN \$ _____
- B. OTHER (SPECIFY) \$ _____
- C. TOTAL CREDITS \$ _____
17. NET TAX DUE (LINE 15 LESS LINE 16C) \$ _____
18. AMOUNT PAID (NOT LESS THAN 22.5% OF LINE 17) **MUST BE PAID FOR 2017 DECLARATION** \$ _____
19. **TOTAL TAX DUE - ADD LINES 11 AND 18 - REMIT THIS AMOUNT ON OR BEFORE APRIL 18, 2017** \$ _____

I CERTIFY I HAVE EXAMINED THIS RETURN, INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS, AND TO THE BEST OF MY KNOWLEDGE BELIEVE IT IS TRUE AND CORRECT AND THAT THE FIGURES USED HEREIN ARE THE SAME AS FOR FEDERAL INCOME TAX PURPOSES. *I authorize the Income Tax Division to discuss my account with the preparer named below. Check here

Signature of Taxpayer or Agent

Date

Signature of Person Preparing If Other Than Taxpayer

Date

Signature of Spouse If Joint Return

Address or Name and Address of Firm or Employer

ATTACH W-2'S HERE

DISREGARD THIS PAGE IF ENTIRE AND ONLY TAXABLE INCOME IS FROM SALARIES AND WAGES
WICKLIFFE BUSINESS INCOME TAX RETURN

Business Name, Local Business Address, Wickliffe Business Only, List Persons or Entity to Whom You Pay Rent, Fed. I.D No., Fed. Code #, Nature of Business

SCHEDULE C RETURNS WILL NOT BE ACCEPTED WITHOUT COPIES OF FEDERAL SCHEDULES C AND E, FORMS 1120, 1120S, FORM 1065 WHEN APPLICABLE. MUST INCLUDE ALL PAGES, SCHEDULES & STATEMENTS.

CALCULATIONS MUST BEGIN WITH THE NET PROFIT FIGURES BEFORE SPECIAL DEDUCTIONS (1120 LINE 28, 1120S LINE 20, 1065 LINE 22) FROM THE FEDERAL RETURN, SCHEDULE C FROM BUSINESS OR PROFESSION

1. Net profit or loss per Federal Income Tax Return \$ ()

SCHEDULE G Income from Rents - Attach Federal Schedule E and Supporting Documentation

Table with 6 columns: KIND & LOCATION OF PROPERTY, RENT RECEIVED, DEPRECIATION, REPAIRS, EXPENSES, NET INCOME (OR LOSS)

NET INCOME SCHEDULE G..... \$

SCHEDULE H All Other Taxable Income

INCOME FROM PARTNERSHIPS, ESTATES & TRUSTS: FEES, TIPS, COMMISSIONS AND MISCELLANEOUS

Table with 3 columns: RECEIVED FROM, FOR (DESCRIBE), AMOUNT

TOTAL INCOME SCHEDULE H \$

SCHEDULE X RECONCILIATION WITH FEDERAL INCOME TAX RETURN (NOT FOR INDIVIDUAL NON-BUSINESS USE)

Table with 4 columns: ITEMS NOT DEDUCTIBLE, ADD, ITEMS NOT TAXABLE, DEDUCT. Rows include Capital Losses, Expenses, City or State Income Taxes, etc.

SCHEDULE Y BUSINESS ALLOCATION FORMULA (ALL STEPS MUST BE COMPLETED IF LESS THAN 100% WICKLIFFE BUSINESS)

Table with 4 columns: NEW, STEP 1-5, a. LOCATED EVERYWHERE, b. LOCATED IN WICKLIFFE, c. PERCENTAGE (b ÷ a)

Table with 2 columns: Line number, Amount. Rows include 20. TOTALS FROM SCHEDULES C, G & H ABOVE, 21. A. ITEMS NOT DEDUCTIBLE, etc.

SCHEDULE Z Partners' Distributive Shares of Net Income - From Federal Schedules 1065 and 1099

Table with 6 columns: 1. NAME OF EACH PARTNER, 1. ADDRESS, 3. Distributive Shares of Partners (Percent, Amount), 4. Other Payments, 5. Taxable Percentage, 6. Amount Taxable