

**CITY OF WOOSTER, OHIO  
REQUEST FOR AUTOMATIC EXTENSION OF TIME TO FILE  
WOOSTER NET PROFITS RETURN**

**Due on or before the fifteenth day of the fourth month of the taxable year**

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Federal Employer I.D. Number

\_\_\_\_\_  
City, State, Zip Code

1. I request an extension of time until \_\_\_\_\_, \_\_\_\_\_ to file the City of Wooster, Ohio Income Tax Return for taxable year beginning \_\_\_\_\_, \_\_\_\_\_ and ending \_\_\_\_\_, \_\_\_\_\_ which is due \_\_\_\_\_, \_\_\_\_\_.
2. The extension date requested cannot be later than 10/15/21, or the fifteenth day of the tenth month after the last day of the taxable year.
3. Penalty of 15% and interest at the rate of .58% per month or fraction of a month on any taxes paid after the due date.
4. A declaration of estimated tax (below) should be filed by every business that will have Wooster income tax due in excess of two hundred dollars (\$200.00)
5. Estimated balance due, if any, for fiscal year 2020 Wooster Income Tax Return. \$ \_\_\_\_\_

**DECLARATION OF ESTIMATED WOOSTER TAX FOR FISCAL YEAR 2021**

**Due on or before the fifteenth day of fourth month of tax year**

(Extension of time to file tax return does not apply to declaration  
of estimated tax or payment of quarterly installments)

6. Total income subject to Wooster Tax \$ \_\_\_\_\_
7. Estimated Wooster tax @ 1.5% \$ \_\_\_\_\_
8. Amount of line 7 due with this extension \$ \_\_\_\_\_

Total amount paid with extension request  
(Add line 5 and 8 and enter here. Make check payable to "City of Wooster") \$ \_\_\_\_\_

**To receive payment vouchers for the second, third and fourth quarters, complete the estimate on line 7. Taxpayers are responsible for filing and paying any quarterly estimated tax due.**

I declare that I have examined this form and to the best of my knowledge and belief, it is true, correct, and complete.

Do you authorize your preparer to contact us regarding this return? Yes  No

\_\_\_\_\_  
Signature of Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Paid Preparer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Firm (or individual)

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Preparer's address

\_\_\_\_\_  
Preparer's telephone number