

**BUSINESS INCOME TAX RETURN**  
 CALENDAR YEAR \_\_\_\_\_ DUE BY APRIL 15 OF FOLLOWING YEAR  
 FISCAL YEAR \_\_\_\_\_ TO \_\_\_\_\_ DUE 15TH DAY  
 OF THE 4TH MONTH FOLLOWING YEAR END

MAKE CHECKS PAYABLE TO  
 CITY OF CENTERVILLE

TYPE OF BUSINESS:  Corporation  Partnership  
 "S" Corporation  Other  
 Non-Resident Sole Proprietor  
 Non-Resident Rental Owner

FED ID# \_\_\_\_\_  
 or SS# \_\_\_\_\_

FILE# \_\_\_\_\_

1. <b>FEDERAL TAXABLE INCOME</b> (See instructions.) .....		\$ _____
2. ITEMS NOT DEDUCTIBLE (From Line M, Schedule X below).....	ADD _____	
3. ITEMS NOT TAXABLE (From Line Z, Schedule X below).....	DEDUCT _____	
4. ENTER EXCESS OF LINE 2 or 3 .....		\$ _____
5. ADJUSTED FEDERAL TAXABLE INCOME (Line 1 plus or minus Line 4) .....		\$ _____
6. LESS NOL CARRYOVER (Subject to 50% limitation) .....		\$ _____
7. MUNICIPAL TAXABLE INCOME .....		\$ _____
8. <b>AMOUNT APPORTIONED TO CENTERVILLE</b> (If Schedule Y is used, _____ % from Line 7) .....		\$ _____
9. <b>CENTERVILLE TAX DUE - 2.25%</b> .....		\$ _____
10. ESTIMATED PAYMENTS .....	\$ _____	
11. PRIOR YEAR OVERPAYMENTS .....	\$ _____	
12. TOTAL CREDITS (Add Lines 10 AND 11) .....	\$ _____	
13. <b>BALANCE OF TAX DUE</b> - (Subtract Line 12 from Line 9)(No tax due if under \$10.00) .....		\$ _____
14. OVERPAYMENT (If Line 12 exceeds Line 9)(must exceed \$10.00) .....	\$ _____	
15. REFUND _____ CREDIT TO _____ .....		
<b>ESTIMATED TAX</b> (See Instructions)		
16. TOTAL ESTIMATED TAX DUE .....	\$ _____	
17. QUARTERLY AMOUNT DUE (1/4 of Line 16) .....	\$ _____	
18. PRIOR YEAR CREDIT (Line 15) APPLIED TO FIRST QUARTERLY PAYMENT .....	\$ _____	
19. BALANCE OF QUARTERLY PAYMENT DUE (Line 17 minus Line 18) .....		\$ _____
20. UNDERPAYMENT PENALTY (if 90% of tax not paid by January 15th) .....		\$ _____
21. PENALTY _____ INTEREST _____ LATE FILING PENALTY _____ .....		\$ _____
22. <b>TOTAL DUE</b> (Add Lines 13, 19, 20, and 21) Make check or money order payable to <b>CITY OF CENTERVILLE</b> .....		\$ _____

**SCHEDULE X Reconciliation with Federal Income Tax Return as Required by ORC Section 718**

	ADD		DEDUCT
a. Capital losses deducted .....	\$ _____	n. Capital gains .....	\$ _____
b. Five percent of intangible income reported in letter O .....	\$ _____	o. Federally reported intangible income such as, but not limited to interest, dividends, and patent and copyright income ....	\$ _____
c. Taxes based on income (State) .....	\$ _____	p. Other (Explain)(No deduction is allowed for federal tax credits) ....	\$ _____
d. Taxes based on Income (City) .....	\$ _____		
e. Guaranteed payments or accruals to or for current or former partners or members .....			
f. Federally deducted amounts paid or accrued to or for qualified self-employed retirement plans, health insurance plans, and life insurance plans for owners or owner-employees of non-C corp entities .....			\$ _____
g. Charitable contributions (above federal allowance)			
h. Other (Explain) .....	\$ _____		
m. Total Additions .....	\$ _____	z. Total Deductions .....	\$ _____

**SCHEDULE Y Business Apportionment Formula**

	A. Located Everywhere	B. Located in Centerville	C. Percentage (B ÷ A)
Step 1. Average original cost of real and tangible personal property .....	\$ _____	\$ _____	
Gross annual rentals multiplied by 8 .....	\$ _____	\$ _____	
Total step 1 .....	\$ _____	\$ _____	_____ %
Step 2. Gross receipts from sales and work or services performed .....	\$ _____	\$ _____	_____ %
Step 3. Total wages, salaries, commissions, and other compensation of all employees .....	\$ _____	\$ _____	_____ %
Step 4. Total percentages .....			_____ %
Step 5. Average percentage (Divide total percentages by number of percentages used - enter on % Line 8 above.) .....		_____ %	

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 3 months.

Signature \_\_\_\_\_ (Title) \_\_\_\_\_ (Date) \_\_\_\_\_ Preparer's signature (other than taxpayer) \_\_\_\_\_ (Date) \_\_\_\_\_

If this return was prepared by a tax practitioner, may we contact your practitioner directly with questions regarding the preparation of this return?  YES  NO

Address (and Zip Code) \_\_\_\_\_

**ACCOUNT INFORMATION UPDATE**

DO YOU SUBCONTRACT LABOR TO PERFORM WORK IN CENTERVILLE?  YES  NO

If YES, copies of 1099's or a statement containing the same information must be submitted no later than February 28 of each year.

DO YOU HAVE EMPLOYEES WORKING IN CENTERVILLE?  YES  NO

If YES, copies of employee W-2 forms must be submitted no later than February 28 of each year.

**RECONCILIATION TO FORM W-3 (PAYROLL WITHHOLDING RECONCILIATION)**

- 1. Total wages allocated to Centerville (from Federal tax return or apportionment formula)..... 1 \_\_\_\_\_
- 2. Total wages shown on Form W-3 (City of Centerville Payroll Withholding Reconciliation) ..... 2 \_\_\_\_\_
- 3. Difference (1 minus 2)..... 3 \_\_\_\_\_

\*\*Please provide an explanation for any difference shown on Line 3 above: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IF YOU RENT PROPERTY IN CENTERVILLE, NAME AND ADDRESS OF PERSON OR ENTITY THAT OWNS SAID PROPERTY  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_