



**ATTACH ALL APPLICABLE FEDERAL SCHEDULES**

**SECTION A INCOME OTHER THAN WAGES**

1. Profit or loss from business or profession from Federal Form 1120, Form 1120S, Form 1065 or Schedule C (from Schedule X Line 3 or Schedule Y below)..... \$ \_\_\_\_\_
2. Schedule E – income (loss) from rental property and royalties (attach copy of Federal Schedule E) ..... \$ \_\_\_\_\_
3. Schedule K1 – income (loss) from partnerships (attach K1) (S corps are taxed at the entity level in Centerville) ..... \$ \_\_\_\_\_
4. Ordinary income <loss> from Federal Form 4797 ..... \$ \_\_\_\_\_
5. Total from Lines 1, 2, 3 and 4. If less than zero, enter zero ..... \$ \_\_\_\_\_
6. Other income not included above – e.g. commissions, tips, director’s fees, gambling winnings, miscellaneous (attach documentation)..... \$ \_\_\_\_\_
7. Total income other than wages (Line 5 + Line 6). Carry to Line 4 on front page ..... \$ \_\_\_\_\_

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

(SCHEDULE X PERTAINS TO BUSINESSES ONLY – NOT TO BE USED BY INDIVIDUALS OTHER THAN SOLE PROPRIETORSHIPS)

1. ADJUSTED FEDERAL TAXABLE INCOME/<LOSS> PER FEDERAL RETURN ATTACHED (SEE INSTRUCTIONS) ..... \$ \_\_\_\_\_
2. A. ITEMS NOT DEDUCTIBLE (From Line M Below) .....Add \_\_\_\_\_  
 B. ITEMS NOT TAXABLE (FROM LINE Z Below) .....Deduct \_\_\_\_\_  
 C. Line 2 A minus Line 2B..... \$ \_\_\_\_\_
3. ADJUSTED NET INCOME/<LOSS> (Line 1, Plus or Minus Line 2C). Enter on Line 1 in Section A above or in Schedule Y below ..... \$ \_\_\_\_\_

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	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) .....	
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 & TANGIBLE PERSONAL PROPERTY .....	_____	_____	
GROSS ANNUAL RENTALS PAID MULTIPLIED BY 8 .....	_____	_____	
TOTAL STEP 1. ....	_____	_____	_____ %
STEP 2. GROSS RECEIPTS FROM SALES MADE AND/OR WORK OR SERVICES PERFORMED .....	_____	_____	_____ %
STEP 3. WAGES, SALARIES AND OTHER COMPENSATION PAID .....	_____	_____	_____ %
4. TOTAL PERCENTAGES .....			_____ %
5. AVERAGE PERCENTAGE			DIVIDE TOTAL PERCENTAGES BY NUMBER OF PERCENTAGES USED _____ %

**ADJUSTED NET INCOME** \_\_\_\_\_ x Average Percentage \_\_\_\_\_ = **TAXABLE INCOME** \_\_\_\_\_  
 (Schedule X Line 3) Carry Taxable Income to Section A above, Line 1 or Line 2

Are any employees leased in the year covered by this return?  YES  NO  
 If YES, please provide the name, address and FID number of the leasing company \_\_\_\_\_

EXTENSION POLICY: Extensions may, upon request, be granted for filing of the annual return, provided an IRS extension has been secured. EXTENSION REQUESTS MUST BE MADE IN WRITING AND RECEIVED BY THIS TAX OFFICE ON OR BEFORE THE ORIGINAL DUE DATE OF THE RETURN. Only those extension requests received in duplicate with a self-addressed, postpaid envelope will have a copy returned after being appropriately marked.