CITY OF CENTERVILLE DIVISION OF TAXATION 100 W. SPRING VALLEY RD. CENTERVILLE, OH 45458

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

BUSINESS INCOME TAX RETURN

MAKE CHECKS PAYABLE TO CITY OF CENTERVILLE

CALENDAR YEAR ______ DUE BY APRIL 15 OF FOLLOWING YEAR FISCAL YEAR _____ TO _____ DUE 15TH DAY
OF THE 4TH MONTH FOLLOWING YEAR END

| | | | | | | OF BUS | INESS: | | orporatior tesident S | Partne Other Cole Proprieto Rental Owner | |
|-----------|--|-------------------|-------------|-------------------|------------------|-----------|-----------|---------------------------|--------------------------|---|-------|
| | | | | | | or SS# | | | | | |
| | | | | | | FILE# | | | | | |
| | | | | | | | | | | | |
| 1. | ADJUSTED FEDERAL TAXABLE INCOME (See instructions.) | | | | | | | \$ | S | | |
| 2. | ITEMS NOT DEDUCTIBLE (From Line M, Schedule X below) | | | | | | | | | | |
| 3. | ITEMS NOT TAXABLE (From Line Z, Schedule X below) | | | | | | | | | | |
| 4. | ENTER EXCESS OF LINE 2 or 3 | | | | | | | | | | |
| 5. | ADJUSTED FEDERAL TAXABLE INCOME (Line 1 plus or minus Lin | | | | | | | | | | |
| 6. | AMOUNT APPORTIONED TO CENTERVILLE (If Schedule Y is use AMOUNT SUBJECT TO MUNICIPAL INCOME TAX | | | | | | | | | | |
| 7. 8. | CENTERVILLE TAX DUE - 1.75% | | | | | | | | | | |
| o. 9. | ESTIMATED PAYMENTS | | | | | | | | · | | |
| 9. 10. | PRIOR YEAR OVERPAYMENTS | | | | | | | | | | |
| | TOTAL CREDITS (Add Lines 9 AND 10) | | | | | | | | | | |
| 12. | BALANCE OF TAX DUE - (Subtract Line 11 from Line 8) | | | | | | | | S | | |
| | OVERPAYMENT (If Line 11 exceeds Line 8)(must exceed \$10.00) | | | | | | | | | | |
| 14. | REFUND CREDIT TO | | | | * | | | | | | |
| | ESTIMATED TAX (See Instructions) | | | | | | | | | | |
| 15. | TOTAL ESTIMATED TAX DUE (EFFECTIVE 1/1/17 TAX RATE=2.2 | 5%) | | | \$ | | | | | | |
| 16. | QUARTERLY AMOUNT DUE (1/4 of Line 15) | | | | \$ | | | | | | |
| 17. | PRIOR YEAR CREDIT (Line 14) APPLIED TO FIRST QUARTERLY F | PAYMENT | | | \$ | | | | | | |
| 18. | | , | | | | | | | | | |
| 19. | , , , , | , | | | | | | | · | | |
| 20. | PENALTY INTEREST LATE FIL | | | | | | | | | | |
| 21. | TOTAL DUE (Add Lines 12 and 18) Make check or money order p | ayable to CITY | OF CEN. | TERVILLE | | | | \$ | | | |
| S | CHEDULE X Reconciliation with Federal Income Tax Re | turn as Requi | red by | ORC Sect | ion 718 | ; | | | | | |
| | MS NOT DEDUCTIBLE | ADD | ITE | MS NOT | TAXABI | LE | | | | DED | UCT |
| а. | Capital losses deducted | \$ | n. | Capital gai | ns | | | | | \$ | |
| | Five percent of intangible income reported in letter O | | 0. | | | | | such as, but | | | |
| | Taxes based on income (State) | | p. | | | | | | | me \$ | |
| d. ∋. | Taxes based on Income (City) | Φ | ρ. | Other (Exp | iairi) | | | | | Ψ | |
| ٥. | partners or members | | | | | | | | | | |
| | 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) | | | | | | | | | | |
| ٦. | Other (Explain) | | | | | | | | | | |
| n. | Total Additions | \$ | Z. | Total Dedu | ctions | | | | | \$ | |
| S | CHEDULE Y Business Apportionment Formula | | | | | | | | | | |
| | •• | | | | | | | D 1 - 1 - 1 | | 0.0 | |
| | | | | | A. Loc Everyv | | | B. Located in Centerville | | C. Percentag (B ÷ A) | е |
| Ster | o 1. Average original cost of real and tangible personal property | | | \$ | | | . \$ | | | (= 2 | |
| | Gross annual rentals multiplied by 8 | | | \$ | | | \$ | | | | |
| | Total step 1 | | | | | | | | | | % |
| Step | 2. Gross receipts from sales and work or services performed | | | | | | | | | | % |
| Step | | | | | | | | | | | % |
| Step | | | | | | | | | | | % |
| Step | 5. Average percentage (Divide total percentages by number of | percentages use | d - ente | r on % Line | 6 above | .) | | | % | | |
| | | | | | 170 T-1 | | | | | | |
| | undersigned declares that this return (and accompanying schedules) is a true, c me Tax purposes, and if an audit of Federal return is made which affects tax lial | | | | | | | | n are the sa | me as used for Fe | deral |
| iicol | me iax purposes, and it an addit of redetal return is made which directs tax liab | omy shown on this | ietuili, di | amended fet | arri wili De | meu withi | n o monun | ٥. | | | |
| | | | | | | | | | | | |
| | | | | 'e eignature (oth | | | | | | | |

Address (and Zip Code)

ACCOUNT INFORMATION UPDATE

| Complete all questions fully. The information below will be used to update information currently on file. |
|--|
| BUSINESS NAME |
| NATURE OF BUSINESS |
| CENTERVILLE LOCATION |
| HOME OFFICE LOCATION |
| HOME OFFICE TELEPHONE CONTACT |
| MAILING ADDRESS |
| FEDERAL IDENTIFICATION NUMBER |
| DATE BUSINESS BEGAN IN CENTERVILLE |
| TYPE OF ENTITY (Corp, S Corp, Partnership, Assoc., etc.) |
| ACCOUNTING PERIOD Calendar Year |
| Fiscal Year (month ending) |
| NAME AND ADDRESS OF PARTY IN CHARGE OF BOOKS |
| |
| 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. |
| IF YOU RENT PROPERTY IN CENTERVILLE, NAME AND ADDRESS OF PERSON OR ENTITY THAT OWNS SAID PROPERTY |
| |
| |