

**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. ADJUSTED FEDERAL TAXABLE INCOME (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. AMOUNT APPORTIONED TO CENTERVILLE (If Schedule Y is used, _____ % from Line 5)	.....	\$	_____
7. AMOUNT SUBJECT TO MUNICIPAL INCOME TAX	.....	\$	_____
8. CENTERVILLE TAX DUE - 2.25%	.....	\$	_____
9. ESTIMATED PAYMENTS	..... \$ _____		
10. PRIOR YEAR OVERPAYMENTS	..... \$ _____		
11. TOTAL CREDITS (Add Lines 9 AND 10)	..... \$ _____		
12. BALANCE OF TAX DUE - (Subtract Line 11 from Line 8)(No tax due if under \$10.00)	.....	\$	_____
13. OVERPAYMENT (If Line 11 exceeds Line 8)(must exceed \$10.00)	..... \$ _____		
14. REFUND _____ CREDIT TO _____	.....		
<b>ESTIMATED TAX (See Instructions)</b>			
15. TOTAL ESTIMATED TAX DUE	..... \$ _____		
16. QUARTERLY AMOUNT DUE (1/4 of Line 15)	..... \$ _____		
17. PRIOR YEAR CREDIT (Line 14) APPLIED TO FIRST QUARTERLY PAYMENT	..... \$ _____		
18. BALANCE OF QUARTERLY PAYMENT DUE (Line 16 minus Line 17)	.....	\$	_____
19. UNDERPAYMENT PENALTY (if 90% of tax not paid by December 15th)	.....	\$	_____
20. PENALTY _____ INTEREST _____ LATE FILING PENALTY _____	.....	\$	_____
21. TOTAL DUE (Add Lines 12 and 18) Make check or money order payable to CITY OF CENTERVILLE	.....	\$	_____

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

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)(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 6 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**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_