

NORTH KINGSVILLE INCOME TAX RETURN

File With
 North Kingsville
 Income Tax Department
 P.O. Box 253
 North Kingsville, OH 44068
 (440) 224-1924 FAX (440) 224-0331
 e-mail nkincometax@suite224.net
 Website - www.northkingsvilleohio.org

**FILING REQUIRED ON OR BEFORE
 APRIL 16
 EVEN IF NO TAX IS DUE**

**FISCAL YEAR FILERS MUST FILE
 WITHIN 3 1/2 MONTHS FROM
 YEAR END**

FISCAL YEAR DATES	
FROM	_____
TO	_____

Name: C/O: ADDRESS: CITY/STATE:	BUSINESS TAX RETURN
	PRINCIPLE BUSINESS ACTIVITY
	CORPORATION PARTNERSHIP SOLE PROPRIETOR RENTAL PROPERTY S-CORPORATION
	IF OTHER, EXPLAIN _____
	BUSINESS PHONE _____
	FEDERAL I.D.# _____
	IF BUSINESS MOVED IN OR OUT OF NORTH KINGSVILLE GIVE DATES IN _____ OUT _____

INCOME

- 1. TOTAL INCOME FROM PAGE 2 OR ATTACH COPIES OF FEDERAL RETURNS & SCHEDULES \$ _____
- 2a. ITEMS NOT DEDUCTIBLE (FROM LINE H SCHEDULE X [FROM PAGE 2]) ADD \$ _____
- b. ITEMS NOT TAXABLE (FROM LINE L SCHEDULE X [FROM PAGE2]) DEDUCT \$ _____
- c. DIFFERENCE BETWEEN LINES 2a AND b TO BE ADDED TO OR SUBTRACTED FROM LINE 1(+ or -)\$ _____

ADJUSTMENTS TO INCOME TAX

- 3. ADJUSTED NET INCOME (LINE 1 PLUS OR MINUS LINE 2c IF SCHEDULE X IS USED) \$ _____
- 4. AMOUNT OF LINE 3a MULTIPLIED BY _____% FROM LINE 5 SCHEDULE Y \$ _____
(LINE 4 IS THE NET INCOME SUBJECT TO NORTH KINGSVILLE INCOME TAX)
- 5. NORTH KINGSVILLE TAX 1.3% OF LINE 4 (.01 MULTIPLIED BY LINE 4) \$ _____
- 6. CREDITS \$ _____
 - (a) PRIOR YEAR OVERPAYMENT \$ _____
 - (b) PAYMENTS AND CREDITS ON DECLARATION OF ESTIMATED TAX \$ _____
 - (c) TOTAL CREDITS ALLOWABLE (LINE 6a AND 6b) \$ _____

- 7. IF LINE 5 IS GREATER THAN LINE 6c PAYMENT OF BALANCE MUST ACCOMPANY THIS RETURN: TAX DUE \$ _____
- NOTE: TAX DUE UNDER \$1.00 - NO PAYMENT REQUIRED, OVERPAYMENT UNDER \$1.00 - NO REFUND OR CREDIT
- 8. OVERPAYMENT TO BE REFUNDED \$ _____ OR CREDITED \$ _____ TO NEXT YEAR ESTIMATE
- 9. CHARGES IF PAID AFTER DUE DATE: _____

PENALTY: HIGHER OF \$50.00 OR 10% / MONTH (MAX. 6 MONTHS) TIMES LINE 7 \$ _____ TOTAL CHARGES \$ _____

INTEREST: MULTIPLY LINE 7 BY 6% (0.01) _____ X # months _____ = \$ _____

10. TOTAL: PAYMENT TO "NORTH KINGSVILLE INCOME TAX" MUST ACCOMPANY RETURN IF \$1 OR MORE TOTAL DUE \$ _____

DECLARATION OF ESTIMATED TAX FOR YEAR 20

- 11. TOTAL INCOME SUBJECT TO TAX \$ _____ MULTIPLIED BY RATE OF 1.3% FOR GROSS OF \$ _____
- 12. LESS EXPECTED TAX CREDITS
 - A. OVERPAYMENT FROM PRIOR YEAR(S) \$ _____
 - B. OTHER (EXPLAIN) \$ _____
 - C. TOTAL CREDITS \$ _____
- 13. NET ESTIMATED TAX DUE (LINE 11 LESS 12C) \$ _____
- 14. AMOUNT PAID WITH THIS DECLARATION (AT LEAST 1/4 DUE PAYMENT DUE WITH THIS RETURN) \$ _____
- 15. If you would like to donate to the Holiday Decoration Fund - please enter amount \$ _____
- 16. TOTAL AMOUNT PAID FROM LINES 10, 14 and 15. \$ _____

CERTIFICATION

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.

_____ SIGNATURE OF PERSON PREPARING RETURN	_____ SIGNATURE OF TAXPAYER OR AGENT	_____ DATE
	_____ TITLE	
_____ ADDRESS OR NAME AND ADDRESS OF FIRM OR EMPLOYER		
_____ DATE		
_____ PHONE NUMBER OF PREPARER	_____ ADDITIONAL PHONE NUMBER	

IN LIEU OF COMPLETING YOU MAY ATTACH APPROPRIATE FEDERAL SCHEDULE(S)

SCHEDULE A FEDERAL TAXABLE INCOME

Federal Taxable Income (FTI) is a C corporation's federal taxable income (i.e., net profits) before net operating losses and special deduction (line 28 of Form 1120). If you are not a C corporation or an individual, the new provision in Ohio Revised Code 718 for non-C corporations state the following: "IF THE TAXPAYER IS NOT A C CORPORATION AND NOT AN INDIVIDUAL, THE TAXPAYER SHALL COMPUTE ADJUSTED FEDERAL TAXABLE INCOME AS IF THE TAXPAYER WERE A C CORPORATION." This means the figure shown as FTI (line 21 if filing a Form 1120S, line 22 if filing a Form 1065, or line 21 if filing a Form 1041) must first be adjusted as if computing it for line 28 on the Form 1120.

Place the adjusted figure here \$

SCHEDULE B TOTAL FROM FEDERAL SCHEDULE D FORM 4797 \$

SCHEDULE C INCOME FROM RENTS - FROM SCHEDULE E \$

Kind & Location of Property	Amount of Rent	Depreciation	Repairs	Other Expenses	Net Income/Loss

NET INCOME SECTION C \$

SCHEDULE D ALL OTHER TAXABLE INCOME

INCOME FROM PARTNERSHIPS, ESTATES & TRUSTS: FEES, TIPS, COMMISSIONS AND MISCELLANEOUS AMOUNTS RECEIVED FROM FOR (DESCRIBE)

AMOUNTS	RECEIVED FROM	FOR (DESCRIBE)

NET INCOME SECTION D \$

TOTAL FROM NORTH KINGSVILLE SCHEDULES A,B,C & D ENTER ON PAGE 1 LINE 1 \$

Schedule X -- ADJUSTMENT TO FEDERAL INCOME TAX RETURN

ITEMS NOT DEDUCTABLE -- ADD		ITEMS NOT TAXABLE -- DEDUCT													
<p>A. Capital losses - including federally reported losses that directly relate to the sale, exchange, or other disposition of an asset described in 1221 or 1231 of the IRC.</p> <table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>								<p>I. Capital gains- federally reported income & gains from IRC 1221 or 1231 property dispositions except to the extent the income & gains apply to those described in IRC 1245 or 1250.</p> <table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
<p>B. Taxes based on income \$ _____</p>		<p>J. Intangible income such as interest, dividend, patent & copyright income. \$ _____</p>													
<p>C. 5% of amount deducted as intangible income excluding portion directly related to sale, exchange, or other disposition of property described in 1221 of IRC. \$ _____</p>		<p>K. Other: (Attach Explanation) \$ _____</p>													
<p>D. Amounts paid or accrued to qualified self-employed retirement, health & life insurance plans for owners or owner-employees of Non-C Corporation Entities, or self-employed tax. \$ _____</p>		<p>L. Total Deductions (enter on line 3, Schedule C.) \$ _____</p>													
<p>E. Guaranteed Payment to Partners \$ _____</p>															
<p>F. REIT's and RIC's - All amounts allowed as a deduction \$ _____</p>															
<p>G. Other: (Attach Explanation) \$ _____</p>															
<p>H. Total Additions (enter on line 2 Schedule C) \$ _____</p>															

SCHEDULE Y BUSINESS APPORTIONMENT FORMULA

	a. Located EVERYWHERE	b. Located in THIS MUNICIPALITY	c. PERCENTAGE
			b a
STEP 1. AVERAGE ORIGINAL COST OF REAL & TANG. 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 & OTHERS COMPENSATIONS PAID	_____	_____	_____ %
4. TOTAL PERCENTAGES	_____	_____	_____ %
5. AVERAGE PERCENTAGE (Divide total percentages by number of percentages used). Carry to line 3b, page 1	_____	_____	_____ %

SCHEDULE Z PARTNER'S/OWNER'S SHARE OF INCOME

1. NAME AND MUNICIPALITY OR TOWNSHIP OF EACH PARTNER/ OWNER	2. Resident		3. Dist. Shares of Partners/Owners		4. Other Payments	5. Taxable Percentage	6. Amount Taxable
	Yes	No	Percent	Amount			
				\$			
7. TOTAL SECTION A THRU D			100	\$			