

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 15  
 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:<br><br>C/O:<br><br>ADDRESS:<br><br>CITY/STATE: | <b>BUSINESS TAX RETURN</b>   |
|  | <b>PRINCIPLE BUSINESS ACTIVITY</b> _____   |
|  | CORPORATION PARTNERSHIP SOLE PROPRIETOR<br>RENTAL PROPERTY S-CORPORATION         |
|  | IF OTHER, EXPLAIN _____  |
|  | BUSINESS PHONE _____   |
|  | FEDERAL I.D.# _____  |
|  | IF BUSINESS MOVED IN OR OUT OF NORTH KINGSVILLE<br>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 PAGE 2]) 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% 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 1% (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 2007**

11. TOTAL INCOME SUBJECT TO TAX \$ \_\_\_\_\_ MULTIPLIED BY RATE OF 1% 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.**

|  |   |               |
|--|---|---------------|
| _____<br>SIGNATURE OF PERSON PREPARING RETURN            | _____<br>SIGNATURE OF TAXPAYER OR AGENT | _____<br>DATE |
|  | _____<br>TITLE                          |               |
| _____<br>ADDRESS OR NAME AND ADDRESS OF FIRM OR EMPLOYER |   |               |
| _____<br>DATE  |   |               |
| _____<br>PHONE NUMBER OF PREPARER                        | _____<br>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>B. Taxes based on 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>D. Amounts paid or accrued to qualified self-employed retirement, health &amp; life insurance plans for owners or owner-employees of Non-C Corporation Entities, or self-employed tax. \$ _____</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> |                             |  |  |  |  |  | <p>I. Capital gains- federally reported income &amp; gains from IRC 1221 or 1231 property dispositions except to the extent the income &amp; 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>J. Intangible income such as interest, dividend, patent &amp; copyright income. \$ _____</p> <p>K. Other: (Attach Explanation) \$ _____</p> <p>L. Total Deductions (enter on line 3, 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                                | \$     |                   |                       |                   |