

FARMERSVILLE

INCOME TAX

117 E. Walnut St.
Farmersville, Ohio 45325-0214
(937) 696-2020

VILLAGE OF FARMERSVILLE
BUSINESS
INCOME TAX RETURN

Make Check or Money Order
PAYABLE TO:
FARMERSVILLE
INCOME TAX

THIS SPACE FOR TAX OFFICE ONLY

ACCOUNT NO.

PRINCIPAL BUSINESS ACTIVITY

TAXPAYERS NAME AND ADDRESS

CORPORATION [] PARTNERSHIP [] SOLE PROPRIETOR []

IF OTHER, EXPLAIN:

BUSINESS TELEPHONE:

FEDERAL ID #

IF MOVED SINCE THE PREVIOUS FINAL RETURN WAS DUE GIVE DATE:

INTO CITY OR OUT OF

Table with columns for INCOME, ADJUSTMENTS, and TAX. Rows include: 1. TOTAL INCOME FROM PAGE 2 OR ATTACHED COPIES OF FEDERAL RETURNS & SCHEDULES; 2a. ITEMS NOT DEDUCTIBLE (FROM LINE M SCHEDULE X); b. ITEMS NOT TAXABLE (FROM LINE Z SCHEDULE X); c. DIFFERENCE BETWEEN LINES 2a AND b TO BE ADDED TO OR SUBTRACTED FROM LINE 1 (+ OR -); 3a. ADJUSTED NET INCOME (LINE 1 PLUS OR MINUS LINE 2c IF SCHEDULE X IS USED); b. AMOUNT OF LINE 3a ALLOCABLE (% FROM LINE 5 SCHEDULE Y); c. LESS ALLOCABLE LOSS PER PREVIOUS INCOME TAX RETURN (ATTACH SCHEDULE); 4. AMOUNT SUBJECT TO MUNICIPAL INCOME TAX (LINE 3a OR 3b LESS LINE 3c); 5. FARMERSVILLE TAX 1.00% OF LINE 4; 6. CREDITS: (a) PAYMENTS AND CREDITS ON DECLARATION OF ESTIMATED TAX; (b) PRIOR YEAR OVERPAYMENT; (x) TOTAL CREDITS ALLOWABLE; 7. IF LINE 5 GREATER THAN LINE 6X PAYMENT OF BALANCE MUST ACCOMPANY THIS RETURN: TAX DUE

A. PENALTY \$ INTEREST \$ TOTAL \$
B. TOTAL AMOUNT DUE (INCLUDING LINE 7A)

B. OVERPAYMENT TO BE REFUNDED \$ OR CREDITED \$ TO NEXT YEAR'S ESTIMATE

DECLARATION OF ESTIMATED TAX FOR YEAR

Table for Declaration of Estimated Tax for Year. Rows include: 9. TOTAL INCOME SUBJECT TO TAX \$ MULTIPLY BY TAX RATE OF 1% FOR GROSS TAX OF \$; 10. LESS EXPECTED TAX CREDITS: A. OPERATING LOSS CARRY FORWARD (ATTACH SCHEDULE); B. OVERPAYMENT FROM PRIOR YEAR; C. TOTAL CREDITS; 11. NET TAX DUE (LINE 9 LESS LINE 10C); 12. AMOUNT PAID WITH THIS DECLARATION (NOT LESS THAN 1/4 OF LINE 11); 13. AMOUNT ENCLOSED (LINE 7) \$ (LINE 12) \$ TOTAL

I CERTIFY THAT I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE. IF PREPARED BY A PERSON OTHER THAN TAXPAYER, THE DECLARATION IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE.

Signature of Person Preparing if Other Than Taxpayer

Date

Signature of Taxpayer or Agent (Required)

Date

Address

and

Telephone Number

SECTION A Profit (or Loss) from Business or Profession

- 1. TOTAL RECEIPTS, LESS ALLOWANCES, REBATES AND RETURNS \$ _____
- 2. LESS Cost of Labor \$ _____ Material, supplies and other costs \$ _____ \$ _____
- GROSS PROFIT FROM SALES, ETC., (line 1 less line 2) \$ _____
- 4. INTEREST \$ _____ OTHER BUSINESS INCOME (Specify) \$ _____ \$ _____
- 5. TOTAL BUSINESS INCOME BEFORE DEDUCTIONS \$ _____

BUSINESS DEDUCTIONS

- 6. ADVERTISING AND PROMOTION \$ _____
- 7. AUTO, TRUCK AND TRAVEL \$ _____
- 8. INT. ON BUSINESS INDEBTEDNESS \$ _____
- 9a. TAXES BASED ON INCOME \$ _____
- b. OTHER BUSINESS TAXES \$ _____
- 10. SALARIES AND WAGES \$ _____
- 11. DEPRECIATION, AMORTIZATION \$ _____
- 12. RENTS (Paid to _____) \$ _____
- 13. OTHER (List if over 10% of Line 14) \$ _____
- 14. TOTAL BUSINESS DEDUCTIONS (Total of Lines 6 to 13) \$ _____
- 15. NET PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION (LINE 5 LESS LINE 14) \$ _____

SECTION B Total from Federal Schedule D, Form 4797. \$ _____

SECTION C Income from Rents—from Federal Schedule E.

Kind & Location of Property	Amount of Rent	Depreciation	Repairs	Other Expenses	Net Income (Or Loss)

NET INCOME SECTION C \$ _____

SECTION D All other Taxable Income

INCOME FROM PARTNERSHIPS, ESTATES & TRUSTS: FEES, TIPS, COMMISSIONS, WAGES AND MISCELLANEOUS

RECEIVED FROM	FOR (DESCRIBE)	AMOUNT

NET INCOME SECTION D \$ _____

TOTAL From Sections A, B, C & D. Enter on Page 1, Line 1 \$ _____

SCHEDULE X Reconciliation with Federal Income Tax Return

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
a. Capital Losses (Excluding Ordinary Losses) \$ _____		n. Capital gains (Excluding Ordinary Gains) \$ _____	
b. Expenses incurred in the production of non-taxable income (at least 5% of Line Z) \$ _____		o. Interest income \$ _____	
c. Taxes based on income (State) \$ _____		p. Dividends \$ _____	
d. Taxes based on income (City) \$ _____		q. Other (Explain) \$ _____	
e. Net operating loss deduction per Federal Return \$ _____		
f. Payments to partners \$ _____		
g. Contributions \$ _____		
h. Other expenses not deductible (Explain) \$ _____		z. Enter Line 2b Other Side Total \$ _____	
m. (Enter Line 2a Other Side) Total \$ _____			

SCHEDULE Y Business Allocation Formula

	a. LOCATED EVERYWHERE	b. LOCATED IN THIS CITY	c. PERCENTAGE (b + a)
STEP 1. AVG. VALUE 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 AND OTHER COMPENSATION 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 SHARE OF INCOME

1. NAME AND MUNICIPALITY OR TOWNSHIP OF EA. PARTNER	2. Resident		3. Dist. Shares of Partners		4. Other Payments	5. Taxable Percentage	6. Amount Taxable
	Yes	No	Percent	Amount			
7. TOTALS from Section A and D Above			100	\$			