

NORTH KINGSVILLE INCOME TAX RETURN

File With
 North Kingsville
 Income Tax Department
 P.O. Box 253

FISCAL YEAR DATES
FROM _____
TO _____

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

North Kingsville, OH 44068
 (440) 224-1924 FAX (440) 224-0331
 e-mail rkincometax@gwcmail.net
 Website - www.northkingsvilleohio.org

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 _____
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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 \$10.00 NO PAYMENT REQUIRED; OVERPAYMENT UNDER \$10.00 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 \$25.00 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

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
_____	_____
ADDRESS OR NAME AND ADDRESS OF FIRM OR EMPLOYER	TITLE
_____	_____

DATE _____

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)

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 DEDUCTIBLE -- ADD

- 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.

- B. Taxes based on income \$
- 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. \$
- 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. \$
- E. Guaranteed Payment to Partners \$
- F. REIT's and RIC's - All amounts allowed as a deduction \$
- G. Other: (Attach Explanation) \$
- H. Total Additions (enter on line 2 Schedule C) \$

ITEMS NOT TAXABLE -- DEDUCT

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.

- J. Intangible income such as interest, dividend, patent & copyright income. \$
- K. Other: (Attach Explanation) \$
- L. Total Deductions (enter on line 3, Schedule C.) \$

SCHEDULE Y BUSINESS APPORTIONMENT FORMULA

- 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
- | | a. Located EVERYWHERE | b. Located in THIS MUNICIPALITY | c. PERCENTAGE |
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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	\$			