

BUSINESS
Year - COLUMBIA TOWNSHIP JED ZONE INCOME TAX RETURN - Year

File with: TAX DEPT.
 COLUMBIA TWP JEDZ
 5903 Hawthorne Street
 Fairfax, OH 45227
 On or before April 15, Each Year

Remittance Payable to Col Twp JEDZ. Submit with Return.
FILING REQUIRED EVEN IF NO TAX DUE.

HOURS 8:00 AM TO 4:00 PM
PHONE (513) 272-9954 FAX (513) 561-5748

FISCAL YEAR/DATE
 FROM _____
 TO _____

TAXPAYER'S NAME, ADDRESS _____	ACCOUNT NO. _____	PRINCIPAL BUSINESS ACTIVITY CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> IF OTHER, EXPLAIN _____ BUSINESS TELEPHONE _____ FEDERAL ID# _____ IF YOU MOVED DURING CURRENT YEAR PLEASE GIVE DATE MOVED IN _____ MOVED OUT _____
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INCOME	1.	TOTAL INCOME FROM PAGE 2 ATTACH COPIES OF FEDERAL RETURNS & SCHEDULES.	\$ _____
	2a.	ITEMS NOT DEDUCTIBLE (FROM LINE M SCHEDULE X (FROM PAGE 2)	ADD \$ _____
	b.	ITEMS NOT TAXABLE (FROM LINE Z SCHEDULE X (FROM PAGE 2)	DEDUCT \$ _____
ADJUST- MENT TO INCOME	c.	DIFFERENCE BETWEEN 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 (SUMMIT SCHEDULE)	\$ _____
	4.	AMOUNT SUBJECT TO _____ INCOME TAX (LINE 3a, 3b OR 3c)	\$ _____
	5.	TAX OF _____ %	\$ _____
TAX	6.	CREDITS:	
	(a)	PAYMENTS AND CREDITS ON _____ DECLARATION OF ESTIMATED TAX	\$ _____
	(b)	OVERPAYMENT	\$ _____
	(x)	TOTAL CREDITS ALLOWABLE	\$ _____
	7.	IF LINE 5 GREATER THAN 6X PAYMENT OF BALANCE MUST ACCOMPANY THIS RETURN:	YEAR _____ TAX DUE \$ _____
	A.	PENALTY \$ _____ INTEREST \$ _____ (TAX OFFICE USE ONLY)	\$ _____
	B.	TOTAL AMOUNT	\$ _____
		OVERPAYMENT TO BE REFUNDED \$ _____ OR CREDITED \$ _____	
		(REQUEST MUST BE MADE WITH 3 YEARS OF PAYMENT) AMOUNTS LESS THAN \$3.00 SHALL NOT BE COLLECTED OR REFUNDED.	

DECLARATION OF ESTIMATED TAX FOR YEAR _____

8.	TOTAL ESTIMATED _____ INCOME SUBJECT TO TAX \$ _____ : MULTIPLY BY TAX RATE OF _____ FOR GROSS TAX OF	\$ _____
9.	LESS EXPECTED TAX CREDITS	
	A. OVERPAYMENT FROM PRIOR YEAR(S)	\$ _____
	B. PAYMENT ON TAXABLE INCOME TO ANOTHER MUNICIPALITY (NOT TO EXCEED 1%)	\$ _____
	C. TOTAL CREDITS	\$ _____
10.	NET TAX DUE (LINE 8 LESS LINE 9c) TIMES 90%?	\$ _____
11.	MINIMUM AMOUNT TO BE PAID WITH THIS DECLARATION 1/4 OF LINE 10	\$ _____
12.	AMOUNT ENCLOSED (LINE 7) \$ _____ + (LINE 11) \$ _____ = TOTAL AMOUNT DUE \$ _____	

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, adjusted to the ordinance requirements for local tax purposes, and if an audit of Federal return is made which affects tax liability shown on the return an amended return will be filed within three months. 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

Signature of Person Preparing if Other than Taxpayer _____	Date _____	Signature of Taxpayer _____	Date _____
Address and phone number of preparer _____		Taxpayer Name _____	Title _____

SECTION A	Adjusted Federal Taxable Income Schedule C, or form 1120 for Corporations	\$ _____
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ADJUSTED FEDERAL TAXABLE INCOME FOR S-CORPORATIONS AND PARTNERSHIPS

Ordinary Income for 1120S (Line 21) or 1065 (Line 22) \$ _____

Add Income/Losses reported to shareholders on Schedule K.

- Net Income from Rental (Real Estate or Other) \$ _____
- Interest \$ _____
- Dividends \$ _____
- Royalties \$ _____
- Capital Gain/(Loss) \$ _____
- Other Income/(Loss) \$ _____
- Total Additions \$ _____

Less Deductions reported to shareholders on Schedule K: \$ _____

- Charitable Contributions (Limited to 10% of Adjusted Taxable Income) \$ _____
- Section 179 Depreciation \$ _____
- Other Deductions \$ _____

Total Deductions \$ _____

Adjusted Federal Taxable Income (generally AFTI for S-Corps equal Line 17E, Schedule K) \$ _____

SECTION B	Total from Federal Schedule D, Form 4797 (Attach Schedule)	\$ _____
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SECTION C	Income from rents - from Schedule E, form 8825 (Attach Schedule)	\$ _____
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SECTION D	All Other Taxable Income, Include Recapture of Depreciation (Attach Schedules)	\$ _____
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TOTAL	From Sections A, B, C & D. Enter on Page 1, Line 1	\$ _____
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A Municipality taxes a business on "Net Profit" per ORC Sect. 718. Certain items are NOT taxed or deducted in the same manner as on the State and Federal Returns. Also C-Corporations and Partnerships must file their return as if they are C-Corporations (start with amount on schedule K, bottom line). IT IS THEREFORE REQUIRED THAT "SCHEDULE X" BELOW BE COMPLETED AND ALL RELATED FEDERAL SCHEDULES BE ATTACHED.

SCHEDULE X. RECONCILIATION WITH FEDERAL INCOME TAX RETURN

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
a. CAPITAL LOSSES DEDUCTED (INCLUDING SECT. 1221 OR SECT. 1231 LOSSES FROM PROPERTY DISPOSITIONS)	\$ _____	n. CAPITAL GAINS (IRC 1221 OR 1231 PROPERTY DISPOSITIONS EXCEPT TO THE EXTENT THE INCOME & GAINS APPLY TO THOSE DESCRIBED IN IRC 1245 OR 1250)	\$ _____
b. EXPENSES INCURRED IN PRODUCTION OF NON-TAXABLE INCOME (AT LEAST 5% OF INTANGIBLE INCOME)	\$ _____	o. INTEREST INCOME	\$ _____
c. TAXES BASED ON INCOME	\$ _____	p. DIVIDENDS	\$ _____
d. NET OPERATING LOSS DEDUCTION PER FEDERAL RETURN	\$ _____	q. OTHER FEDERALLY REPORTED INTANGIBLE INCOME (EXPLAIN)	\$ _____
e. GUARANTEED PAYMENTS TO OR FOR CURRENT PARTNERS OR FORMER PARTNERS OR MEMBERS	\$ _____	r. FEDERAL TAX CREDITS TO THE EXTENT THEY HAVE REDUCED CORRESPONDING OPERATING EXPENSES	\$ _____
f. SICK PAY NOT INCLUDED IN LINE 1, FRONT OF RETURN	\$ _____	s. OTHER (EXPLAIN)	\$ _____
g. FEDERALLY DEDUCTED SELF EMPLOYED RETIREMENT PLANS, HEALTH INSURANCE AND LIFE INSURANCE PAYMENTS TO OWNERS OR OWNER EMPLOYEES OF NON-C CORP ENTITIES	\$ _____	z. TOTAL (ENTER LINE 2b OTHER SIDE)	\$ _____
h. FEDERALLY DEDUCTED DIVIDENDS, DISTRIBUTIONS, OR AMOUNTS SET ASIDE FOR OR CREDITED TO REIT OR RIC INVESTORS	\$ _____		
j. OTHER EXPENSES NOT DEDUCTIBLE (EXPLAIN)	\$ _____		
m. TOTAL (ENTER LINE 2A OTHER SIDE)	\$ _____		

SCHEDULE Y	Business Apportionment Formula	A. LOCATED EVERYWHERE	B. LOCATED IN THIS CITY	C. PERCENTAGE (B÷A)
STEP 1.	AVG. ORIGINAL COST OF REAL & TANGIBLE PERSONAL PROPERTY GROSS ANNUAL RENTALS PAID MULTIPLIED BY 8 TOTAL STEP 1.	_____	_____	_____ %
STEP 2.	GROSS RECEIPTS FROM SALES MADE AND WORK OR SERVICES PERFORMED AND / OR GROSS RENTS RECEIVED	_____	_____	_____ %
STEP 3.	WAGES, SALARIES, COMMISSIONS & OTHER COMPENSATION PAID	_____	_____	_____ %
4.	TOTAL PERCENTAGE			_____ %
5.	AVERAGE PERCENTAGE	Divide Total Percentages by Number of Percentages Used Carry to Line 3b, Page 1 _____ %		

Are any employees leased in the year covered by this return? YES NO
 If YES, please provide the name, address and FID number of the leasing company _____