

BUSINESS

20 - COLUMBIA TOWNSHIP JED ZONE INCOME TAX RETURN - 20
Remittance Payable to COLUMBIA TOWNSHIP JED ZONE. Submit with Return.

File with: TAX DEPT.
COLUMBIA TOWNSHIP JED ZONE
5903 HAWTHORNE AVE.
FAIRFAX(CINTI) OH 45227
On or Before April 15, of following year.

YOU MUST COMPLETE AND FILE THIS RETURN
EVEN IF YOU DO NOT OWE ANY TAX

HOURS 9:00 AM TO 1:00 PM
PHONE (513) 272-9954 FAX (513) 561-5748
FORMS AND INSTRUCTIONS --- www.columbiatwp.org

FISCAL YEAR/DATE
FROM
TO

TAXPAYER'S NAME, ADDRESS

ACCOUNT NO.

PRINCIPAL BUSINESS ACTIVITY

CORPORATION [] PARTNERSHIP [] SOLE PROPRIETOR []

IF OTHER, EXPLAIN

BUSINESS TELEPHONE

FEDERAL ID#

IF YOU MOVED DURING CURRENT YEAR PLEASE GIVE DATE

MOVED IN

MOVED OUT

Table with columns for INCOME, ADJUSTMENTS TO INCOME, and TAX. Rows include: 1. TOTAL INCOME FROM PAGE 2 ATTACH COPIES OF FEDERAL RETURNS & SCHEDULES; 2a. ITEMS NOT DEDUCTABLE; 2b. ITEMS NOT TAXABLE; 2c. DIFFERENCE BETWEEN 2a AND 2b; 3a. ADJUSTED NET INCOME; 3b. AMOUNT OF LINE 3a ALLOCABLE; 3c. LESS ALLOCABLE LOSS; 4. AMOUNT SUBJECT TO INCOME TAX; 5. COLUMBIA TOWNSHIP JED ZONE TAX; 6. CREDITS; (a) PAYMENTS AND CREDITS ON CURRENT YR DECLARATION; (b) PREVIOUS YEAR OVERPAYMENT; (x) TOTAL CREDITS ALLOWABLE; 7. IF LINE 5 GREATER THAN 6X PAYMENT OF BALANCE MUST ACCOMPANY THIS RETURN: CURRENT YEAR TAX DUE; A. PENALTY \$; INTEREST \$; B. TOTAL AMOUNT; OVERPAYMENT TO BE REFUNDED \$ OR CREDITED \$ TO NEXT YEAR ESTIMATE.

DECLARATION OF ESTIMATED TAX FOR YEAR 20

Table for Declaration of Estimated Tax. Rows include: 8. TOTAL ESTIMATED 20 INCOME SUBJECT TO TAX \$; MULTIPLIED BY TAX RATE OF 1.00% FOR GROSS TAX OF \$; 9. LESS EXPECTED TAX CREDITS; A. OVERPAYMENT FROM PRIOR YEARS; B. PAYMENT ON TAXABLE INCOME TO ANOTHER MUNICIPALITY; C. TOTAL CREDITS; 10. NET TAX DUE (LINE 8 LESS LINE 9C) TIMES 90%; 11. MINIMUM AMOUNT OF ESTIMATED TAX TO BE PAID WITH THIS DECLARATION 1/4 OF LINE 10; 12. AMOUNT ENCLOSED (LINE 7) \$ + (LINE 11) \$ = TOTAL AMOUNT DUE \$

I certify that I have examined the 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 delaration is based on all information of which preparer has any knowledge.

Signature of Person Preparing if Other than Taxpayer Date May we discuss this return with the preparer shown to the left? Yes [] No [] Signature of Taxpayer or Agent Date Title of Signer Address and Telephone #

Section A Adjusted Federal Taxable Income Schedule C, or form 1120 for Corporations \$ _____

ADJUSTED FEDERAL TAXABLE INCOME FOR S-CORPORATIONS AND PARTNERSHIPS

Ordinary Income for 1120S or 1065 per Schedule K \$ _____

Add Income/Losses reported to shareholders on Schedule K.

Net Income from Rental (Real Estate or Other)	\$ _____	
Interest	\$ _____	
Dividends	\$ _____	
Royalties	\$ _____	
Capital Gains/(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) \$ _____

Section C Income from rents - from Schedule E, Form 8825 (Attach Schedule) \$ _____

Section D All Other Taxable Income, Include Recapture of Depreciation(Attach Schedule) \$ _____

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

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 S-Corporations and Partnerships must file their return as if they are C-Corporations (start with amount on schedule K, (last 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 ON LINE 1, FRONT OF RETURN	\$ _____	*NOT ALLOWED WORK OPPORTUNITY CREDIT OR NATIVE AMERICAN CREDIT	\$ _____
g. FEDERALLY DEDUCTED SELF EMPLOYED RETIREMENT PLANS, HEALTH INSURANCE AND LIFE INSURANCE PAYMENTS TO OWNERS OR OWNER EMPLOYEES OF NON-C CORP ENTITIES	\$ _____	s. OTHER (EXPLAIN)	\$ _____
h. FEDERALLY DEDUCTED DIVIDENDS, DISTRIBUTIONS, OR AMOUNTS SET ASIDE FOR OR CREDITED TO REIT OR RIC INVESTORS	\$ _____	z. TOTAL (ENTER LINE 2B OTHER SIDE)	\$ _____
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 RENATLS 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 AND OTHER COMPENSATION PAID	_____	_____	_____ %
STEP 4	TOTAL PERCENTAGE	_____	_____	_____ %
STEP 5	AVERAGE PERCENTAGE	Divide Total Percentage 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 _____