



Business Tax Return
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City of West Carrollton

Income Tax Division
300 Central Ave
West Carrollton, OH 45449
Phone: (937) 859-8288
Fax: (937) 859-3366
Website: www.westcarrollton.org

OR
FISCAL PERIOD _____ TO _____
Calendar Year Taxpayers file on or before April 15th
Fiscal Year Due on 15th Day of 4th Month After Year End

Did you file a City return last year? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is this a combined corporate return? <input type="checkbox"/> YES <input type="checkbox"/> NO	Should your account be inactivated? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please explain:
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Account Number _____ FID# ____ - _____ Name _____ Address _____ City/State/Zip _____	Filing Status (Check one): <input type="checkbox"/> C-Corporation <input type="checkbox"/> S-Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership/Association <input type="checkbox"/> Fiduciary (Trusts and Estates) <input type="checkbox"/> Other _____ <hr/> <input type="checkbox"/> Amended Return Tax Year: _____
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If the information above is incorrect, please make corrections.

Part A	TAX CALCULATION	
1.	Adjusted Federal Taxable Income (Attach Copy of Federal Return) From Form _____ Line _____	\$ _____
2.	Adjustments (From Line L, Schedule X).....	\$ _____
3.	Taxable income before apportionment (Line 1 plus/minus Line 2).....	\$ _____
4.	Apportionment percentage (From Step 5, Schedule Y) _____ %.....	
5.	West Carrollton taxable income (Multiply Line 3 by Line 4).....	\$ _____
6.	Other separately stated items. Net operating loss carryforward, West Carrollton stock options and West Carrollton rental income/(loss).....	\$ _____
7.	Amount subject to West Carrollton income tax (Line 5 plus/minus Line 6).....	\$ _____
8.	West Carrollton income tax (Multiply Line 7 by 2.25% [.0225]).....	\$ _____
9 a.	Estimates paid on this year's liability.....	\$ _____
9 b.	Credits applied to this year's liability.....	\$ _____
10.	Total payments and credits (Lines 9a + 9b)	\$ _____
11.	Tax due (Subtract Line 10 from Line 8).....	\$ _____
12.	Overpayment (Line 10 greater than Line 8).....	\$ _____
13.	Amount to be refunded (Amounts less than \$5 will not be refunded).....	\$ _____
14.	Credit to next year.....	\$ _____

Part B	DECLARATION OF ESTIMATED TAX	
15.	Total estimated income subject to tax.....	\$ _____
16.	West Carrollton income tax declared (Multiply Line 15 by 2.25% [.0225]).....	\$ _____
17.	Tax due before credits (at least 25% of Line 16).....	\$ _____
18.	Less credits (from Line 14 above).....	\$ _____
19.	Net estimated tax due if Line 17 minus Line 18 is greater than zero*.....	\$ _____
20.	TOTAL AMOUNT DUE —Combine Line 11 above with Line 19 (Make checks payable to the City of West Carrollton)	\$ _____

** Subsequent estimated payments are due by the fifteenth day of the 6th, 9th and 12th months after the beginning of the taxable year.*

Check here to give us permission to contact your paid tax practitioner directly if we have questions regarding the preparation of this return.

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, and understands that this information may be released to the Internal Revenue Service.

Signature of Person Preparing Return	Date	Signature of Officer or Agent	Date
Name of Person Preparing Return	Phone Number	Name and Title	Phone Number

SCHEDULE X—RECONCILIATION WITH FEDERAL INCOME TAX RETURN

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
A. Capital Losses	\$	H. Capital Gains.....	\$
B. Taxes on or measured by net Income		I. Intangible income	
C. Guaranteed Payments to partners, retired partners, members or other owners.		J. Other income exempt (Explain).....	
D. Expenses attributable to non-taxable income (5% of Line I.)			
E. Real Estate Investment Trust Distributions.....			
F. Other.....			
G. Total additions.....	\$	K. Total deductions.....	\$

L. Combine Lines G and K and enter net on Part A, Line 2 _____

SCHEDULE Y—BUSINESS APPORTIONMENT FORMULA

	a. Located Everywhere	b. Located in West Carrollton	Percentage (b / a)
STEP 1. Original cost of real and tangible personal property.....			
Gross annual rentals paid multiplied by 8.....			
TOTAL STEP 1.....			%
STEP 2. Wages, salaries, and other compensation paid *See Schedule Y-1.....			%
STEP 3. Gross receipts from sales made and services performed.....			%
STEP 4. Total percentages (Add percentages from Steps 1-3)			%
STEP 5. Average percentage (Divide total percentage by number of percentages used—Carry to Part A, Line 4)			%

***SCHEDULE Y-1 RECONCILIATION TO FORM W-3 (WITHHOLDING RECONCILIATION)**

Total wages allocated to West Carrollton (from Federal Return or apportionment formula).....	\$
Total wages shown on Form W-3 (Withholding Reconciliation).....	\$

Please explain any difference:

Are there 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.

Name: _____ Address: _____ FID Number: _____

Was there any contract labor subject to West Carrollton income tax in the year covered by this return? _____ YES _____ NO

If YES, please provide copies of 1099-M or equivalent listing of the compensation, name, address and social security number of those individuals subject to West Carrollton income tax.