

BUSINESS INCOME TAX RETURN

CALENDAR YEAR \_\_\_\_\_ DUE BY APRIL 15 OF FOLLOWING YEAR  
FISCAL YEAR \_\_\_\_\_ TO \_\_\_\_\_ DUE 4 MONTHS AFTER FISCAL YEAR END

Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Account #: \_\_\_\_\_

www.ci.miamisburg.oh.us

TYPE OF BUSINESS: ☐ Corporation ☐ Partnership  
☐ "S" Coporation ☐ Other \_\_\_\_\_

Federal Employer  
Identification No.

--	--	--	--	--	--	--	--

☐ AMENDED RETURN Tax Year \_\_\_\_\_

☐ City of Miamisburg  
☐ Dayton Mall JEDD  
☐ Austin Road JEDD

1. <b>TOTAL TAXABLE INCOME</b> (Per Copy Federal Form 1120, 1120S, 1065 or appropriate schedules attached) . . . . .	\$	_____
2. ITEMS NOT DEDUCTIBLE (From Line I, Schedule X below) . . . . .	ADD	_____
3. ITEMS NOT TAXABLE (From Line I, Schedule X below) . . . . .	DEDUCT	_____
4. ENTER EXCESS OF LINE 2 or 3 . . . . .		\$ _____
5. ADJUSTED NET INCOME (Line 1 plus or minus Line 4) . . . . .		_____
6. % ALLOCABLE TO MIAMISBURG (If Schedule Y is used) _____ %)		
7. <b>AMOUNT SUBJECT TO MUNICIPAL INCOME TAX</b> (Multiply line 5 by line 6) . . . . .		_____
8. <b>MIAMISBURG TAX DUE</b> (Multiply line 7 by 1.75%) . . . . .	\$	_____
9. ESTIMATED PAYMENTS . . . . .	\$	_____
10. PRIOR YEAR OVERPAYMENTS . . . . .		_____
11. TOTAL CREDITS (Add lines 9 AND 10) . . . . .	\$	_____
12. <b>BALANCE OF TAX DUE</b> - (Subtract 11 line from line 8) . . . . . (No tax due if less than \$1.00)	\$	_____
13. OVERPAYMENT (If line 11 exceeds line 8) . . . . .	\$	_____
14. _____ REFUND _____ CREDIT TO _____ (No refund or credit if less than \$1.00) (year)		_____
<b>ESTIMATED TAX</b> (Required if estimated tax liability is \$250 or greater)		
15. TOTAL _____ (year) ESTIMATED TAX DUE . . . . .		_____
16. QUARTERLY AMOUNT DUE (1/4 of line 15) . . . . .		_____
17. PRIOR YEAR CREDIT (line 14) APPLIED TO FIRST QUARTERLY PAYMENT . . . . .		_____
18. BALANCE OF QUARTERLY PAYMENT DUE (Line 16 minus line 17) . . . . .	\$	_____
19. <b>TOTAL DUE</b> (Add lines 12 and 18) Make check or money order payable to <b>CITY OF MIAMISBURG</b> , if \$1 or more. . . . .	\$	_____

SCHEDULE X - RECONCILIATION WITH FEDERAL INCOME TAX RETURN (ORC 718)

ITEMS NOT DEDUCTIBLE		ADD	ITEMS NOT TAXABLE		DEDUCT
a. Capital Losses – IRC 1221 / 1231 (Do not include ordinary losses from Federal form 4797).....	\$	_____	n. Capital Gains .....		\$ _____
b. Interest and (or Other Expenses incurred in the production o non-taxable income (at least 5% of Line O).....		_____	(IRC 1221 or 1231 property dispositions except to the extent the income and gains apply to those described in IRC 1245 or 1250.....		\$ _____
c. Income Taxes, City and State (If Deducted as Expenses) .....		_____	o. Federally reported intangible income such as, but not limited to, interest dividends, and patent and copyright income .....		\$ _____
d. Net operating loss deduction per Federal return .....		_____	p. Amount of Federal Tax Credits to the extent they have reduced corresponding operating expenses.....		\$ _____
e. Payments to partners/members (current or former) per Federal Form 1065/K-1 ..		_____	q. Not previously deducted IRC Sec. 179 Expense.....		\$ _____
f. Retirement plan payments (Keogh, IRA, Tax Sheltered Annuity) .....		_____	r. Partnership, S Corp, LLC, Charitable Contribution.....		\$ _____
g. Rental Activities (Partnership, S-Corp, LLC, etc.).....		_____	s. Other .....		\$ _____
h. Other items not deductible (explain) .....		_____	z. Total Deductions.....		\$ _____
i. Total Additions .....		_____			

SCHEDULE Y - BUSINESS APPORTIONMENT FORMULA

	A. Located Everywhere	B. Located in Miamisburg	C. Percentage (B ÷ A)
Step 1. Average value of real and tangible personal property (original cost) . . . . .	\$ _____	\$ _____	
Gross annual rentals multiplied by 8 . . . . .	\$ _____	\$ _____	
Total step 1 . . . . .	\$ _____	\$ _____	_____ %
Step 2. Gross receipts from sales and work or services performed (See instructions) . . . . .	\$ _____	\$ _____	_____ %
Step 3. Total wages, salaries, commissions, and other compensation of all employees. . . . .	\$ _____	\$ _____	_____ %
Step 4. Total percentages. . . . .			_____ %
Step 5. Average percentage (Divide total percentage by number of percentages used - enter on line 6 above.) . . . . .			_____ %

Partner's Distributive Shares of Net Income (From Federal Schedule 1065K and 1099)

All partnerships required to file as entities with Miamisburg must attach ALL of the federal schedules detailing the partners' distributive shares (Federal Schedule K and K-1).

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 if an audit of Federal return is made which affects tax liability shown on this return, an amended return will be filed within 3 months.

Signature \_\_\_\_\_ (Title) \_\_\_\_\_ (Date) \_\_\_\_\_

Preparer's signature (other than taxpayer) \_\_\_\_\_ (Date) \_\_\_\_\_

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

Address (and Zip Code) \_\_\_\_\_

MAKE CHECKS PAYABLE TO CITY OF MIAMISBURG

Phone: \_\_\_\_\_



## ACCOUNT INFORMATION UPDATE

Complete all questions fully. The information below will be used to update information currently on file.

BUSINESS NAME \_\_\_\_\_

NATURE OF BUSINESS \_\_\_\_\_

MIAMISBURG LOCATION \_\_\_\_\_

HOME OFFICE LOCATION \_\_\_\_\_

HOME OFFICE TELEPHONE \_\_\_\_\_ CONTACT \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

\_\_\_\_\_

FEDERAL IDENTIFICATION NUMBER \_\_\_\_\_

DATE BUSINESS BEGAN IN MIAMISBURG \_\_\_\_\_

TYPE OF ENTITY (Corp, S Corp, Partnership, Assoc., etc.) \_\_\_\_\_

ACCOUNTING PERIOD \_\_\_\_\_ Calendar Year

\_\_\_\_\_ Fiscal year (month ending \_\_\_\_\_)

NAME AND ADDRESS OF PARTY IN CHARGE OF BOOKS \_\_\_\_\_

\_\_\_\_\_

Please list Payroll Service if applicable \_\_\_\_\_

Do You Subcontract Labor To Perform Work In Miamisburg? \_\_\_\_\_ If YES, copies of 1099's issued must be submitted to this office within 2 months after end of tax year.

Do You Have Employees Working In Miamisburg? \_\_\_\_\_ If YES, copies of W-2 forms must be submitted within two months after end of tax year.

### Income Tax Department

10 N. First St. • Miamisburg, Ohio 45342

937-847-6462 • FAX 937-847-6470