

BUSINESS - 2018
INCOME TAX RETURN
GEORGETOWN INCOME TX

MAKE CHECK OR MONEY ORDER TO:
GEORGETOWN INCOME TAX BUREAU
PO BOX 116
GEORGETOWN OH 45121
Voice 937-378-6395 x1001 Fax 937-378-4505
incometax@georgetownohio.org

Fiscal Period _____ to _____

DUE DATE: 04/17/2019
Federal Schedules MUST be attached to
this return.

Federal ID#
Business Telephone No.
Principal Business Activity NAICS Code
IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES
INTO / / OUT OF / /
CHECK ONE
CORPORATION ESTATE
SOLE PROPRIETOR TRUST
PARTNERSHIP FIDUCIARY
S-CORPORATION
OTHER

Name
And
Address

1 Total taxable income
2 Adjustments (See Schedule X)
3 Taxable income before allocation (Line 1 plus/minus lines 2)
4 Allocation percentage (See Schedule Y)
5 Adjusted Net Income (Multiply line 3 by line 4)
6 Allocable Net Loss Carry Forward
7 Georgetown Income Tx Taxable income (Line 5 minus Line 6)
8 Georgetown Income Tx income tax (Multiply line 7 by 1.000%)
9 Credits applied from previous year(s) to this year's liability
10 Estimates paid on this year's liability
11 Other credits
12 Total credits (Total line 9, 10 and 11)
13 Tax due (If line 8 is greater than line 12, subtract line 12 from line 8) If greater than 10.00
14 Penalty
15 Interest
16 Total due (Total line 13, 14 and 15)
17 Overpayment (Issued if greater than 10.00)
18 Amount to be refunded
19 Amount to be credited to next year

Declaration of Estimate For 2019

20 Total estimated income subject to tax
21 Estimated tax due. (Multiply line 20 by 0.000%)
22 Less credits (from 19 above)
23 Net estimated tax due (subtract line 22 from line 21)
24 Minimum amount due for first quarter (Multiply line 23 by 25%)

Amount You Owe

25 Total amount due (add lines 16 and 24)

Tax Office Use Only : Tax Office Use Only : Tax Office Use Only

TaxPayer's Signature Date
Tax Preparer's Signature Date
(If other than taxpayer)
Phone No.

CREDIT CARD INFORMATION FOR PAYMENT
VISA MasterCard DISCOVER
ACCOUNT NUMBER
SECURITY PIN CARD EXPIRATION
AMOUNT CARD HOLDER SIGNATURE - SIGN HERE

IN LIEU OF COMPLETING YOU MAY ATTACH APPROPRIATE FEDERAL SCHEDULE (S)

SECTION A Profit (or Loss) from Business or Profession

1. TOTAL RECEIPTS, LESS ALLOWANCES, REBATES AND RETURNS \$ _____
2. LESS Cost of Labor \$ _____ Material, supplies and other costs \$ _____
GROSS PROFIT FROM SALES, ETC., (line 1 less line 2) \$ _____
4. INTEREST \$ _____ OTHER BUSINESS INCOME (Specify) \$ _____
5. TOTAL BUSINESS INCOME BEFORE DEDUCTIONS \$ _____

BUSINESS DEDUCTIONS

6. ADVERTISING AND PROMOTION \$ _____ 11. DEPRECIATION, AMORTIZATION \$ _____
7. AUTO, TRUCK AND TRAVEL \$ _____ 12. RENTS (Paid to _____) \$ _____
8. INT. ON BUSINESS INDEBTEDNESS \$ _____ 13. OTHER (List if over 10% of Line 14) \$ _____
9a. TAXES BASED ON INCOME \$ _____ 14. TOTAL BUSINESS DEDUCTIONS (Total of Lines 6 to 13) \$ _____
b. OTHER BUSINESS TAXES \$ _____ 15. NET PROFIT (OR LOSS) FROM BUSINESS
10. SALARIES AND WAGES \$ _____ OR PROFESSION (LINE 5 LESS LINE 14) \$ _____

SECTION B Total from Federal Schedule D, Form 4797. \$ _____

SECTION C Income from Rents — from Federal Schedule E.

Kind & Location of Property	Amount of Rent	Depreciation	Repairs	Other Expenses	Net Income (Or Loss)

NET INCOME SECTION C \$ _____

SECTION D All other Taxable Income

INCOME FROM PARTNERSHIPS, ESTATES & TRUSTS: FEES, TIPS, COMMISSIONS, WAGES AND MISCELLANEOUS

RECEIVED FROM	FOR (DESCRIBE)	AMOUNT

NET INCOME SECTION D \$ _____

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

SCHEDULE X Reconciliation with Federal Income Tax Return

ITEMS NOT DEDUCTIBLE ADD
a. Capital Losses (Excluding Ordinary Losses) \$ _____
b. Expenses incurred in the production of non-taxable income (at least 5% of Line Z) \$ _____
c. Taxes based on income (State) \$ _____
d. Taxes based on income (City) \$ _____
e. Net operating loss deduction per Federal Return \$ _____
f. Payments to partners \$ _____
g. Contributions \$ _____
h. Other expenses not deductible (Explain) \$ _____
m. (Enter Line 2a Other Side) Total \$ _____

ITEMS NOT TAXABLE DEDUCT
n. Capital gains (Excluding Ordinary Gains) \$ _____
o. Interest income \$ _____
p. Dividends \$ _____
q. Other (Explain) \$ _____
z. Enter Line 2b Other Side Total \$

SCHEDULE Y Business Allocation Formula

STEP 1. AVG. VALUE 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 AND OTHER COMPENSATION PAID
4. TOTAL PERCENTAGES
5. AVERAGE PERCENTAGE (Divide Total Percentages by Number of Percentages Used).

a. LOCATED EVERYWHERE	b. LOCATED IN THIS CITY	c. PERCENTAGE (b + a)
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %

Carry to Line 3b, Page 1 %

SCHEDULE Z PARTNER'S SHARE OF INCOME

1. NAME AND MUNICIPALITY OR TOWNSHIP OF EA. PARTNER	2. Resident		3. Dist. Shares of Partners		4. Other Payments	5. Taxable Percentage	6. Amount Taxable
	Yes	No	Percent	Amount			
7. TOTALS from Section A and D Above			100	\$			