

**BUSINESS - 2019  
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: 04/15/2020  
Federal Schedules MUST be attached to  
this return.**

|   |
|---|
| Federal ID#   |
| Business Telephone No.  |
| Principal Business Activity<br>NAICS Code                               |
| IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES                          |
| INTO / / OUT OF / /   |
| CHECK ONE   |
| <input type="checkbox"/> CORPORATION <input type="checkbox"/> ESTATE    |
| <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> TRUST |
| <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> FIDUCIARY |
| <input type="checkbox"/> S-CORPORATION                                  |
| <input type="checkbox"/> OTHER _____                                    |

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

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

**Declaration of Estimate For 2020**

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

**Amount You Owe**

|   |    |  |
|---|----|--|
| 25 Total amount due (add lines 16 and 24) | 25 |  |
|---|----|--|



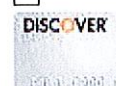
Tax Office Use Only : Tax Office Use Only : Tax Office Use Only

\_\_\_\_\_  
TaxPayer's Signature Date \_\_\_\_\_

\_\_\_\_\_  
Tax Preparer's Signature Date \_\_\_\_\_  
(If other than taxpayer)

Phone No. \_\_\_\_\_

**CREDIT CARD INFORMATION FOR PAYMENT**

ACCOUNT NUMBER \_\_\_\_\_

SECURITY PIN \_\_\_\_\_ CARD EXPIRATION \_\_\_\_\_ / /

AMOUNT \_\_\_\_\_