CITY OF MIAMISBURG
INCOME TAX DEPARTMENT
10 N. First St.
Miamisburg, OH 45342
Phone 937-847-6462
Fax 937-847-6470

BUSINESS INCOME TAX RETURN

CALENDAR YEAR

FISCAL YEAR_____TO_____DUE 4 MONTHS AFTER FISCAL YEAR END

www.ci.miamisburg.oh.us

Business Name: _____

Address: _____

_____

_____

Account #: _____

TYPE OF BUSINESS: ☐ Corporation ☐ Partnership ☐ "S" Corporation ☐ Other_____

Federal Employer Identification No. ☐☐☐☐☐☐☐☐☐

☐ AMENDED RETURN Tax Year _____

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

1. **TOTAL TAXABLE INCOME** (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 Z, 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 TAXING ENTITY (If Schedule Y is used)_____%)
7. **AMOUNT SUBJECT TO ENTITY INCOME TAX** (Muliply line 5 by line 6) . . . . . _____
8. **TAXING ENTITY TAX DUE** (Muliply line 7 by 2.25%) . . . . . $ _____
9. ESTIMATED PAYMENTS . . . . . $ _____
10. PRIOR YEAR OVERPAYMENTS . . . . . _____
11. TOTAL CREDITS (Add lines 9 AND 10) . . . . . $ _____
12. **BALANCE OF TAX DUE -** (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)

ESTIMATED TAX (Required if estimated tax liability is $250 or greater)

15. TOTAL 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. **TOTAL DUE** (Add lines 12 and 18) Make checks or money order payable to **CITY OF MIAMISBURG,** if $1 or more . . . . . $ _____

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

ITEMS NOT DEDUCTIBLE	ADD
a. Capital Losses – IRC 1221 / 1231 (Do not include ordinary losses from Federal form 4797)	$_____
b. Interest and (or Other Expenses incurred in the production of non-taxable income (at least 5% of Line O)	_____
c. Income Taxes, City and State (excludes CAT)	_____
d. Net operating loss deduction per Federal return	_____
e. Payments to partners/members (current or former) per Federal Form 1065/K-1	_____
f. Retirement plan payments (Keogh, IRA, Tax Sheltered Annuity)	_____
g. Rental Activities (Partnership, S-Corp, LLC, etc.)	_____
h. Other items not deductible (explain)	_____
	_____
i. Total Additions	_____

ITEMS NOT TAXABLE	DEDUCT
n. Capital Gains	$_____
(IRC 1221 or 1231 property dispositions except to the extent the income and gains apply to those described in IRC 1245 or 1250	$_____
o. Federally reported intangible income such as, but not limited to, interest dividends, and patent and copyright income	$_____
p. Amount of Federal Tax Credits to the extent they have reduced corresponding operating expenses	$_____
q. Not previously deducted IRC Sec. 179 Expense	$_____
r. Partnership, S Corp, LLC, Charitable Contribution	$_____
s. Other	$_____
z. Total Deductions	$_____

SCHEDULE Y - BUSINESS APPORTIONMENT FORMULA

	A. Located Everywhere	B. Located in Taxing Entity	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. Net 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/Associated JEDDS 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: _____

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

CITY OF MIAMISBURG/ASSOCIATED JEDDS
ACCOUNT INFORMATION UPDATE/REGISTRATION

Complete all questions fully. The information below will be used to update information currently on file or create a new account.

BUSINESS NAME _____

NATURE OF BUSINESS _____

TAX DISTRICT LOCATION _____

HOME OFFICE LOCATION _____

MAILING ADDRESS _____

_____

FEDERAL IDENTIFICATION NUMBER _____

DATE BUSINESS BEGAN IN TAXING DISTRICT _____

TYPE OF ENTITY (CORP, S CORP, PARTNERSHIP, ETC.) _____

ACCOUNTING PERIOD Calendar Year ____ Fiscal Year (Month Ending) _____

CONTACT NAME: _____ PHONE # _____

FAX # _____

EMAIL _____

PLEASE LIST PAYROLL SERVICE IF APPLICABLE _____

Do You Subcontract Labor To Perform Work In Taxing District?_____ 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 Taxing District?_____If yes, copies of W-2 forms must be submitted within two months after end of tax year.

Is this account for courtesy withholding? _____

City of Miamisburg
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Collecting Agent for:
Miami Twp Dayton Mall JEDD
Austin Center JEDD
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E-mail: incometax@cityofmiamisburg.org