

CITY OF MONROE
INCOME TAX DEPARTMENT
PO BOX 629
Monroe, OH 45050
Phone 513-539-7374
Fax 513-539-6209

BUSINESS INCOME TAX RETURN

CALENDAR YEAR

FISCAL YEAR _____ TO _____ DUE 4 MONTHS AFTER FISCAL YEAR END

www.monroeohio.org

Business Name: _____
Address: _____

Account #: _____

Filing Status (Check one)

- C - Corporation Partnership
 S - Corporation Other _____

Federal Employer Identification No. _____

AMENDED RETURN Tax Year _____

- 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 p, Schedule Y below)..... DEDUCT _____
- 4. **ENTER EXCESS OF LINE 2 or 3** \$ _____
- 5. **ADJUST NET INCOME** (Line 1 plus or minus Line 4) \$ _____
 - A. **LESS ALLOWABLE LOSS** (Previous Municipal Income Tax Returns, 3 year NOL) \$ _____
- 6. **% ALLOCABLE TO TAXING ENTITY** (If Schedule Y is used) _____ %
- 7. **AMOUNT SUBJECT TO ENTITY INCOME TAX** (Line 5 or 5A less Line 6) \$ _____
- 8. **TAXING ENTITY TAX DUE** (Multiply line 7 by 2.00%) \$ _____
- 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 \$10) \$ _____
- 13. **OVERPAYMENT** (If line 11 exceeds line 8)..... \$ _____
- 14. _____ **REFUND** _____ **CREDIT TO** _____ (No refund or credit if less than \$10) \$ _____

ESTIMATED TAX (Required if estimated tax liability is \$200 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 check or money order payable to **CITY OF MONROE** \$ _____

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)	\$ _____	j.	Capital Gains	\$ _____
b.	Interest and/or Other Expenses incurred in the production of nontaxable Income (at least 5% of Line 0)	\$ _____	k.	Federally reported Intangible income such as, but not limited to, interest dividends, and patent and copyright income	\$ _____
c.	Income Taxes, City and State (excludes CAT)	\$ _____	l.	Amount of Federal Tax Credits to the extent they have reduced corresponding operating expenses.....	\$ _____
d.	Net operating loss deduction per Federal return	\$ _____	m.	IRC Section 179 expenses (not previously deducted).....	\$ _____
e.	Guaranteed payments or accruals to current or former partners/members....	\$ _____	n.	Charitable Contribution of Partnerships, S-Gorps, LLC's	\$ _____
f.	Retirement plan payments (Keogh, IRA, Tax Sheltered Annuity)	\$ _____	o.	Other.....	\$ _____
g.	Rental Activities (Partnership, S-Corp, LLC, etc.)	\$ _____	p.	Total Deductions	\$ _____
h.	Other items not deductible (explain)	\$ _____			
i.	Total Additions	\$ _____			

SCHEDULE Y - BUSINESS APPORTIONMENT FORMULA

	A. Located Everywhere	B. Located in Monroe	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	\$ _____	\$ _____	_____ %
Step 3. Total wages, salaries, commissions and other compensation of all employees	\$ _____	\$ _____	_____ %
Step 4. Total percentages			
Step 5. Average percentages (Divide total percentage by number of percentage 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 Monroe must attach ALL of the federal schedules detailing the partners' distributive shares (Federal Schedules 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 the return?

- YES NO

Address (and Zip Code) _____

MAKES CHECKS PAYABLE TO CITY OF MONROE

Phone: _____

SCHEDULE X - RECONCILIATION WITH FEDERAL INCOME TAX RETURN

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT DEDUCTIBLE	DEDUCT
A. Capital Losses (Sec. 1221 or 1231 included)	\$ _____	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 attributed 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

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.....	_____	_____	_____ %
STEP 3.	Gross Receipts from Sales Made and/or Work or Services Performed.....	_____	_____	_____ %
STEP 4.	Total Percentages (Add percentages from Steps 1-3)			_____ %
STEP 5.	Average Percentage (Divide total percentage by number of percentage used - Carry to Part A, Line 4)			_____ %

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

Total wages allocated to Monroe (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: _____