

Business Tax Return 2015

OR

FISCAL PERIOD _____ TO _____

City of Monroe
Income Tax Division
P.O. Box 629
Monroe, OH 45050-0629
Phone: (513) 539-7374
Fax: (513) 539-6209

Website: www.monroehio.org

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Calendar Year Taxpayers file on or before April 18
Fiscal Year Due on 15th Day of 4th Month After Year End

Did you file a City return last year? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is this a combined corporate return? <input type="checkbox"/> YES <input type="checkbox"/> NO	Should your account be inactivated? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please explain:
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Account Number Name Address City/State/Zip	Filing Status (Check one) <input type="checkbox"/> C-Corporation <input type="checkbox"/> S-Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership/Association <input type="checkbox"/> Fiduciary (Trusts and Estates) <hr/> <input type="checkbox"/> Amended Return Tax Year: _____
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If the information above is incorrect, please make corrections.

Part A	2015 TAX CALCULATION
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1.	Adjusted Federal Taxable Income (Attach Copy of Federal Return) From Form _____ Line _____	\$	
2.	Adjustments (From Line L, Schedule X)	\$	
3.	Taxable income before apportionment (Line 1 plus/minus Line 2)	\$	
4.	Apportionment percentage (From Step 5, Schedule Y) _____%		
5.	Monroe taxable income (Multiply Line 3 by Line 4)	\$	
6.	Other separately stated items. Net operating loss carry forward and Monroe rental income/(loss)	\$	
7.	Amount subject to Monroe income tax (Line 5 plus/minus Line 6)	\$	
8.	Monroe income tax (Multiply Line 7 by 1.5% [.0150])	\$	
9 a.	Estimates paid on this year's liability	\$	
9 b.	Credits applied to this year's liability	\$	
10.	Total payments and credits (Lines 9a + 9b)	\$	
11.	Tax due (Subtract Line 10 from Line 8)	\$	
12.	Overpayment (Line 10 greater than Line 8)	\$	
13.	Amount to be refunded (Amounts less than \$5.00 will not be refunded)	\$	
14.	Credit to next year	\$	

Part B	DECLARATION OF ESTIMATED TAX FOR 2016
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15.	Total estimated income subject to tax	\$ _____	
16.	Monroe income tax declared (Multiply Line 15 by 1.5% [.0150])	\$ _____	
17.	Tax due before credits (at least 25% of Line 16)	\$ _____	
18.	Less credits (from Line 14 above)	\$ _____	
19.	Net estimated tax due if Line 17 minus Line 18 is greater than zero*	\$ _____	
20.	TOTAL AMOUNT DUE —Combine Line 11 above with Line 19 (Make checks payable to the City of Monroe)	\$ _____	

** Subsequent estimated payments are due by the 15th of the 6th, 9th and 12th months after the beginning of the taxable year.*

Check here to give us permission to contact your paid tax practitioner directly if we have questions regarding the preparation of this return.

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 understands that this information may be released to the Internal Revenue Service.

Signature of Person Preparing Return _____	Date _____	Signature of Officer or Agent _____	Date _____
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Name of Person Preparing Return _____	Phone Number _____	Name and Title _____	Phone Number _____
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SCHEDULE X—RECONCILIATION WITH FEDERAL INCOME TAX RETURN

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
A. Capital Losses (Sec 221 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 attributable to non-taxable income (5% of Line I.)			
E. Real Estate Investment Trust distributions.....			
F. Other.....			
G. Total additions.....	\$	K. Total deductions.....	\$

L. Deduct Lines K and G and enter net on Part A, Line 2 _____

SCHEDULE Y—BUSINESS APPORTIONMENT FORMULA

	a. Located Everywhere	b. Located in Monroe	Percentage (b / a)
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 *See Schedule Y-1.....			%
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 percentages 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: _____