

# Business Tax Return 2012

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](http://www.monroehio.org)

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Calendar Year Taxpayers file on or before April 15  
Fiscal Year Due on 15<sup>th</sup> Day of 4<sup>th</sup> 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) <input type="checkbox"/> Amended Return Tax Year: _____
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*If the information above is incorrect, please make corrections.*

<b>Part A</b>	<b>2012 TAX CALCULATION</b>	
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	\$ _____

<b>Part B</b>	<b>DECLARATION OF ESTIMATED TAX FOR 2013</b>	
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*	\$ _____
<b>20.</b>	<b>TOTAL AMOUNT DUE</b> —Combine Line 11 above with Line 19 (Make checks payable to the City of Monroe)	<b>\$ _____</b>

*\* Subsequent estimated payments are due by the 31st of the 7<sup>th</sup>, 10<sup>th</sup> and 1<sup>st</sup> (2014) 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 \_\_\_\_\_

Name of Person Preparing Return \_\_\_\_\_ Phone Number \_\_\_\_\_ Name and Title \_\_\_\_\_ Phone Number \_\_\_\_\_

**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: \_\_\_\_\_