

City of Springboro
 320 W Central Ave
 Springboro, OH 45066
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 E-mail: taxdept@cityofspringboro.com

Business Tax Return 2016

OR

FISCAL PERIOD _____ TO _____

Calendar Year Taxpayers file on or before April 18, 2017
 Fiscal Year Due on 15th Day of the 4th Month After Year End

THIS SPACE IS FOR OFFICAL USE ONLY

| | | |
|---|--|---|
| 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: |
|---|--|---|

| | |
|--|--|
| Account Number _____ FID# _____ - _____ Name _____ Address _____ City/State/Zip _____ | Federal filing Status (Check one) <input type="checkbox"/> C-Corporation <input type="checkbox"/> S-Corporation <input type="checkbox"/> Partnership/Association <input type="checkbox"/> Fiduciary (Trusts and Estates) <input type="checkbox"/> Non-profit <hr/> <input type="checkbox"/> Amended Return Tax Year: _____ |
|--|--|

If the information above is incorrect, please make corrections.

Part A TAX CALCULATION

| | | |
|--|----------|-------------|
| 1. Adjusted Federal Taxable Income (line 5, page 2)..... | | \$ _____ |
| 2. Apportionment percentage (from schedule Y on page 2) _____ % | | |
| 3. Springboro taxable income (multiply Line 1 by line 2)..... | | \$ _____ |
| 4. Net operating loss carry forward 2013(_____) 2014(_____) 2015(_____) | | (\$ _____) |
| 5. Amount subject to Springboro income tax (line 3 minus line 4)..... | | \$ _____ |
| 6. Springboro income tax (multiply line 6 by 1.5% [.015])..... | | \$ _____ |
| 7a. Estimates paid on this year's liability..... | \$ _____ | |
| 7b. Credits applied to this year's liability..... | \$ _____ | |
| 8. Total payments and credits (lines 7a + 7b) | | \$ _____ |
| 9. Tax due (subtract line 8 from line 6)...(No tax due or refunded if \$10.00 or less) | | \$ _____ |
| 10. Overpayment (line 8 greater than line 6)..... | \$ _____ | |
| 11. Amount to be refunded (amounts less than \$10.01 will not be refunded)..... | \$ _____ | |
| 12. Credit to next year (amounts less than \$10.01 will not be carried forward) | \$ _____ | |

Part B DECLARATION OF ESTIMATED TAX

| | | |
|---|--|----------|
| 13. Total estimated income subject to tax..... | | \$ _____ |
| 14. Springboro income tax declared (multiply line 13 by 1.5% [.015])..... | | \$ _____ |
| 15. Less credits (from line 12 above)..... | | \$ _____ |
| 16. Tax due after credits (line14 minus line15)..... | | \$ _____ |
| 17. Net estimated tax due if Line 16 is greater than zero then remit at least 25% of line 16..... | | \$ _____ |

| | | |
|---|--|----------|
| 18. TOTAL AMOUNT DUE —Combine Line 9 above with Line 17 (Make checks payable to the City of Springboro)..... | | \$ _____ |
|---|--|----------|

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

| | | |
|---|----------|--|
| 1. Federal taxable income before net operating losses and special deductions per attached federal return (form 1120, form 1120 schedule K, form 1065 schedule K, form 1041, form 990T) | 1 | |
| 2. Items not deductible (from line 6 below) | 2 | |
| 3. Items not taxable (from line 7 below) | 3 | |
| 4. Subtract line 3 from line 2 and enter the result here | 4 | |
| 5. Municipal taxable income (total lines 1 and 4) | 5 | |

ITEMS NOT DEDUCTIBLE

| | |
|--|----------|
| 6. Capital losses and IRC Section 1231 losses | |
| Taxes based on income | |
| Expenses attributable to intangible income (5% of total intangible income, excluding capital gains) | |
| Amounts paid or accrued to a qualified self-employed retirement plan for current or former partners, shareholders or members | |
| Amounts paid or accrued to or for health or life insurance for current or former partners, shareholders or members | |
| Depreciation recovery (non-C corporations are subject to IRC Section 291 depreciation recovery on section 1250 property) | |
| Loss incurred by a pass-through entity owned directly or indirectly by a taxpayer and included in the taxpayer's Federal taxable income unless the loss is included in the net profit of an affiliated group ORC 718.06(E)(3)(b) | |
| Other – Please list | |
| TOTAL ITEMS NOT DEDUCTIBLE (enter on line 2 above) | 6 |

ITEMS NOT TAXABLE

| | |
|---|----------|
| 7. Capital gains and IRC Section 1231 gains (do not deduct IRC Section 1245 and 1250 gains) | |
| Dividend income | |
| Interest income | |
| Other intangible income as defined in ORC 718.01(S) | |
| Net profit of a pass-through entity owned directly or indirectly by a taxpayer and included in the taxpayer's federal taxable income unless the net profit is included in the net profit of an affiliated group ORC 718.06(E)(3)(b) | |
| Other – Please list | |
| TOTAL ITEMS NOT TAXABLE (enter on line 3 above) | 7 |

SCHEDULE Y—BUSINESS APPORTIONMENT FORMULA

| | a. Located Everywhere | b. Located in Springboro | Percentage (b / a) |
|---|-----------------------|--------------------------|-----------------------|
| STEP 1. Average 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 services performed..... | _____ | _____ | % |
| STEP 4. Total percentages (Add percentages from Steps 1-3) | | | % |
| STEP 5. Average percentage (Divide total percentage by number of percentages used—Enter on Page 1, Line 2) | | | % |

Schedule Z – Leased Employees

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: _____