



**2016**  
**BUSINESS TAX RETURN**  
 or fiscal year \_\_\_\_\_  
 to \_\_\_\_\_  
**Calendar year due on or before April 18, 2017**  
 Fiscal year due on or before the 15th day of the  
 fourth month after the close of the period.

File with:  
 Tipp City Tax Department  
 260 S Garber Drive  
 Tipp City OH 45371  
 PH (937) 667-8426  
 FAX (937) 667-6734

Office use only

Account number \_\_\_\_\_  
 Business name \_\_\_\_\_  
 Mailing address \_\_\_\_\_  
 \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_

Federal ID # \_\_\_\_\_ - \_\_\_\_\_  
 Amended Return  
 Final Return  
 Short year \_\_\_\_\_ to \_\_\_\_\_

**Section A 2016 Tax Calculations**

- |    |  |    |         |          |
|----|--|----|---------|----------|
| 1  | Federal taxable income before net operating losses and special deductions (attach federal return)  | 1  | _____   |          |
| 2  | Adjustments from page 2, Schedule X, line S  | 2  | _____   |          |
| 3  | Adjusted federal taxable income before apportionment (add lines 1 and 2)   | 3  | _____   |          |
| 4  | Apportionment percentage from page 2, Schedule Y, step 5   | 4  | _____ % |          |
| 5  | Municipal taxable income (multiply line 3 by line 4)   |    |         | 5 _____  |
| 6  | Tipp City income tax due (multiply line 5 by 1.5%)   |    |         | 6 _____  |
| 7  | Estimated payments and/or prior-year credit (view at <a href="https://www.municonnect.com/tippcity/login.aspx">https://www.municonnect.com/tippcity/login.aspx</a> ) |    |         | 7 _____  |
| 8  | Balance due (line 6 less line 7)   |    |         | 8 _____  |
| 9a | Underpayment penalty _____ interest _____ (if applicable)  | 9a | _____   |          |
| 9b | Penalty (15% of the tax due - if filed after due date)   | 9b | _____   |          |
| 9c | Interest (.42% per month [or fraction thereof] if filed after due date)  | 9c | _____   |          |
| 9d | Late fee (\$25 per month [or fraction thereof] maximum \$150 - if filed after the due date)  | 9d | _____   |          |
| 10 | Total penalty, interest and late filing fee (add lines 9a, 9b, 9c and 9d)  |    |         | 10 _____ |
| 11 | Total tax/penalty (add lines 8 and 10) (payable to Tipp City Tax) (no payment due if balance is \$10.00 or less)   |    |         | 11 _____ |
| 12 | Overpayment Refund \$ _____ Credit \$ _____ (no refund/credit if overpayment is \$10.00 or less)   |    |         |          |

**Section B 2017 Declaration of Estimated Tax - Must be completed by taxpayers who anticipate a tax liability of \$200 or more**

- |    |   |    |       |          |
|----|---|----|-------|----------|
| 13 | Total estimated income subject to tax \$ _____ multiplied by tax rate of 1.5%                 | 13 | _____ |          |
| 14 | Declaration due (multiply line 13 by 22.5%)   | 14 | _____ |          |
| 15 | Overpayment credit from prior year (from line 12 above)                                       | 15 | _____ |          |
| 16 | Net declaration due (line 14 less line 15) (subsequent payments are due 6/15, 9/15 and 12/15) |    |       | 16 _____ |

**Total due with this return** (add lines 11 and 16) payable to Tipp City Tax \$ \_\_\_\_\_

If this return was prepared by a tax practitioner, may we contact him/her directly with questions regarding the preparation of this return?  Yes  No  
 The undersigned declares that this return (and accompanying schedules) is true, correct and complete for the taxable period stated.

Preparer Signature (other than taxpayer) \_\_\_\_\_ Date \_\_\_\_\_

Taxpayer Signature \_\_\_\_\_ Date \_\_\_\_\_

Preparer E-mail \_\_\_\_\_ Preparer Phone \_\_\_\_\_

**Schedule X - Reconciliation with federal income tax return**

**Items not deductible (additions)**

A Capital losses and IRC Section 1231 losses	A _____	
B Taxes on or measured by net income	B _____	
C Expenses attributable to intangible income (5% of total intangible income, excluding capital gains)	C _____	
D Guaranteed payments to current or former partners, shareholders or members	D _____	
E Amounts paid or accrued to a qualified self-employed retirement plan for current or former partners, shareholders or members of non-C Corporation entities	E _____	
F Amounts paid or accrued to or for health or life insurance for current or former partners, shareholders or members of non-C Corporation entities	F _____	
G Depreciation recovery (non-C Corporation entities are subject to IRC Section 291 depreciation recovery on Section 1250 property)	G _____	
H 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 in accordance with ORC 718.06(E)(3)(b)	H _____	
I Real Estate Investment Trust (REIT) distributions	I _____	
J Other - please list	J _____	
K <b>Total additions</b> (add lines A through J)		K _____

**Items not taxable (deductions)**

L Capital gains and IRC Section 1231 gains (do not deduct IRC Section 1245 and 1250 gains)	L _____	
M Dividend income	M _____	
N Interest income	N _____	
O Other intangible income as defined in ORC 718.01(S)	O _____	
P Net profit of a pass-through entity owned directly or indirectly by the taxpayer and included in the taxpayer's federal taxable income unless the net profit is included in the net profit of an affiliated group in accordance with ORC 718.06(E)(3)(b)	P _____	
Q Other - please list (Note: no deduction is allowed for federal tax credits)	Q _____	
R <b>Total deductions</b> (add lines L through Q)		R _____
S <b>Net adjustments</b> (line K less line R) enter total on page 1, line 2		S _____

**Schedule Y - Business apportionment formula**

	(A) Located Everywhere	(B) Located in Tipp City	Percentage (B / A)
Step 1. Original cost of real and tangible personal property	_____	_____	
Gross annual rents 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/services performed	_____	_____	_____%
Step 4. Total percentages (add percentages from steps 1, 2 and 3)			_____%
Step 5. Apportionment percentage (divide step 4 by number of percentages used) enter on page 1, line 4			_____%