

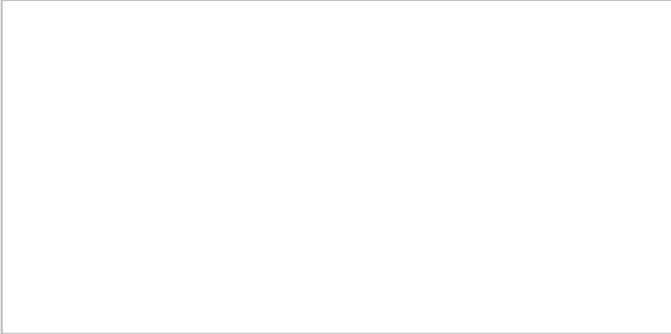


2017 TIPP CITY BUSINESS TAX RETURN

DUE ON OR BEFORE APRIL 17, 2018 OR 3 1/2 MONTHS AFTER YEAR END

FISCAL YEAR _____ TO _____

File with: Tipp City Tax Department 260 S Garber Dr Tipp City OH 45371 Phone (937) 667-8426 Fax (937) 667-6734 www.tippcityohio.gov



Account Number _____ Business Name _____ Mailing Address _____ City/State/Zip _____

Federal ID # _____ - _____ [] Final [] Amended [] Short Year _____ to _____

Section A 2017 Tax Calculations - Attach copy of federal return

Table with 12 rows for tax calculations (Federal taxable income, adjustments, apportionment, municipal income, tax due, credits, penalties, total tax).

Section B 2018 Declaration of Estimated Tax - Must be completed by taxpayers who anticipate a tax liability of \$200 or more

Table with 4 rows for estimated tax declaration (Total estimated income, declaration due, overpayment credit, final declaration due).

Total due with this return (add lines 12 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 all accompanying documents) is a true, correct and complete return for the taxable period stated.

Signature of preparer (other than taxpayer) Date Taxpayer signature Date

Preparer's telephone number Preparer's e-mail address

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 Total additions (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 | Q _____ | |
| R Total deductions (add lines L through Q) | | R _____ |
| S Net adjustments (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 | | | _____ |