



2018 TIPP CITY BUSINESS TAX RETURN

DUE ON OR BEFORE APRIL 15, 2019 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

Empty box for additional information or notes.

Account Number Business Name Mailing Address City/State/Zip

Federal ID # Final Amended Short Year to

Section A 2018 Tax Calculations - Attach copy of federal return

- 1 Federal taxable income before net operating losses and special deductions
2 Deduct up to 50% of the 2017 pre-apportioned NOL
3 Federal taxable income after 2017 pre-apportioned NOL reduction
4 Adjustments from page 2, Schedule X, line S
5 Adjusted federal taxable income before apportionment (sum of lines 3 and 4)
6 Apportionment percentage from page 2, Schedule Y, step 5
7 Municipal taxable income (multiply line 5 by line 6)
8 Tipp City income tax due (multiply line 7 by 1.5%)
9 Estimated payments and/or credits
10 If line 8 is greater than line 9, enter balance due (if not greater than, enter 0)
11 If line 9 is greater than line 8, enter amount overpaid and record as a refund or credit below
12a Underpayment penalty interest
12b Penalty (15% of the tax due - if filed after due date)
12c Interest (.50% per month [or fraction thereof] if filed after due date)
12d Late fee (\$25 per month [or fraction thereof] maximum \$150 - if filed after the due date)
13 Total penalty, interest and late filing fee (add lines 12a, 12b, 12c and 12d)
14 Total tax and penalties (add lines 10 and 13) (payable to Tipp City Tax) (no payment due if \$10 or less)

Section B 2019 Declaration of Estimated Tax - Must be completed by taxpayers who anticipate a tax liability of \$200 or more

- 15 Total estimated income subject to tax multiplied by tax rate of 1.5%
16 Declaration due (multiply line 15 by 25%)
17 Overpayment credit from 2018
18 Declaration due (line 16 minus line 17) (subsequent payments are due 6/15, 9/15 and 12/15)

Total due with this return (add lines 14 and 18) (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 4 | | | 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 6 | | | _____ |