

Form BR File With
Evendale Tax Dept.
10500 Reading Road
Evendale, Ohio 45241
Phone (513) 563-2671
Fax (513) 563-4636
www.evendaleohio.org

BUSINESS
2003 EVENDALE INCOME TAX RETURN 2003
DUE ON OR BEFORE APRIL 30, 2004

Fiscal Years fill in Dates
Beginning _____
Ending _____
File Within 4 Months of
Ending Date
Late filing will result in
interest and penalty.

FILING REQUIRED EVEN IF NO TAX DUE.

REQUESTS TO EXTEND THE DATE FOR FILING MUST BE MADE IN WRITING BY DUE DATE
OF RETURN (COPY OF FEDERAL EXTENSION RECEIVED BY DUE DATE, IS ACCEPTABLE).

Taxpayer Name and Address: _____

PRINCIPAL BUSINESS ACTIVITY _____
CORPORATION S CORPORATION PARTNERSHIP SOLE PROPRIETOR
FEDERAL I.D. # _____
PHONE # _____
ARE YOU A RESIDENT? YES NO
DID YOU FILE A RETURN LAST YEAR? YES NO
HAS THE IRS CHANGED YOUR RETURN IN THE LAST 3 YEARS? YES NO
IF MOVED DURING THE CURRENT YEAR PLEASE GIVE DATE OF MOVE
INTO EVENDALE _____ OUT OF EVENDALE _____

INCOME 1. TOTAL INCOME FROM PAGE 2 (ATTACH COPIES OF FEDERAL RETURNS & SCHEDULES)..... \$ _____

2a. ITEMS NOT DEDUCTIBLE (FROM LINE M SCHEDULE X FROM PAGE 2)ADD \$ _____

ADJUST-MENTS b. ITEMS NOT TAXABLE (FROM LINE Z SCHEDULE X ON PAGE 2).....DEDUCT \$ _____

c. DIFFERENCE BETWEEN LINES 2a AND 2b TO BE ADDED TO OR SUBTRACTED FROM LINE 1.....(+ OR -) \$ _____

TO 3a. ADJUSTED NET INCOME (LINE 1 PLUS OR MINUS LINE 2c IF SCHEDULE X IS USED)..... \$ _____

INCOME b. AMOUNT OF LINE 3a ALLOCABLE _____ % (FROM STEP 5 SCHEDULE Y)..... \$ _____

c. LESS ALLOCABLE LOSS PER PREVIOUS INCOME TAX RETURN (3 YEAR MAXIMUM - SUBMIT SCHEDULE)..... \$ _____

4. AMOUNT SUBJECT TO EVENDALE EARNINGS TAX (LINE 3b LESS LINE 3c)..... \$ _____

TAX 5. TAX: .9% OF LINE 4..... \$ _____

6. CREDITS:

a. PAYMENTS AND CREDITS ON 2003 DECLARATION OF ESTIMATED TAX..... \$ _____

b. PRIOR YEAR OVERPAYMENT..... \$ _____

c. TOTAL CREDITS ALLOWABLE..... \$ _____

7. **BALANCE OF TAX DUE (LINE 5 LESS LINE 6c)**..... \$

7a. **INTEREST \$** _____ 7b. **PENALTY \$** _____

MAKE REMITTANCE PAYABLE TO VILLAGE OF EVENDALE AND ATTACH WHEN FILING....(LINE 7 PLUS LINE 7a and/or 7b).... \$

8. OVERPAYMENT TO BE REFUNDED \$ _____ OR CREDITED \$ _____ TO NEXT YEAR'S ESTIMATE
(if Line 6c is greater than Line 5)

No taxes or refunds of less than \$5.00 shall be collected or refunded.
By Law, all Refunds & Credits in excess of \$10.00 are being reported to I.R.S.

DECLARATION OF ESTIMATED TAX FOR YEAR 2004

9. TOTAL INCOME SUBJECT TO TAX \$ _____ MULTIPLY BY TAX RATE OF .9% FOR GROSS TAX OF \$ _____

10. LESS EXPECTED TAX CREDITS

a. OVERPAYMENT FROM PRIOR YEAR(S)..... \$ _____

b. TOTAL CREDIT..... \$ _____

11. NET ESTIMATED TAX DUE FOR 2004 (LINE 9 LESS LINE 10b)..... \$ _____

12. AMOUNT PAID WITH THIS DECLARATION (NOT LESS THAN 1/4 OF LINE 11)..... \$

13. TOTAL OF THIS PAYMENT (LINE 7, or 7a/7b if applicable, PLUS LINE 12)..... \$

I CERTIFY THAT I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE, CORRECT AND COMPLETE. IF PREPARED BY A PERSON OTHER THAN TAXPAYER, THIS DECLARATION IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE.

Signature of Person Preparing if Other Than Taxpayer _____ Date _____

Signature of Taxpayer or Agent (Required) _____ Date _____

Address _____ Telephone Number _____

Title, If Signing for a Business _____

SECTION A Profit (or Loss) from Business or Profession

1. TOTAL RECEIPTS, LESS ALLOWANCES, REBATES AND RETURNS..... \$ _____

2. LESS Cost of Labor \$ _____ Material, supplies and other costs \$ _____ \$ _____

3. GROSS PROFIT FROM SALES, ETC. (Line 1 Less Line 2)..... \$ _____

4. INTEREST \$ _____ OTHER BUSINESS INCOME (Specify)..... \$ _____

5. TOTAL BUSINESS INCOME BEFORE DEDUCTIONS..... \$ _____

BUSINESS DEDUCTIONS

6. ADVERTISING AND PROMOTION..... \$ _____ 11. DEPRECIATION, AMORTIZATION..... \$ _____

7. AUTO, TRUCK AND TRAVEL..... \$ _____ 12. RENTS (Paid to _____) \$ _____

8. INT. ON BUSINESS INDEBTEDNESS..... \$ _____ 13. OTHER (List if over 10% of Line 14)... \$ _____

9a. TAXES BASED ON INCOME..... \$ _____ 14. TOTAL BUSINESS DEDUCTIONS (Total of Lines 6 to 13)..... \$ _____

 b. OTHER BUSINESS TAXES..... \$ _____ 15. NET PROFIT (OR LOSS) FROM BUSINESS OR

10. SALARIES AND WAGES..... \$ _____ PROFESSION (LINE 5 LESS LINE 14)..... \$ _____

SECTION B Total from Federal Schedule D, Form 4797..... \$ _____

SECTION C Income from Rents -- from Federal Schedule E

Kind and Location of Property	Amount of Rent	Depreciation	Repairs	Other Expenses	Net Income (Or Loss)

NET INCOME SECTION C..... \$ _____

SECTION D All Other Taxable Income

INCOME FROM PARTNERSHIPS, ESTATES & TRUSTS, FEES, TIPS, COMMISSIONS AND MISCELLANEOUS

RECEIVED FROM	FOR (DESCRIBE)	AMOUNT

NET INCOME SECTION \$ _____

TOTAL From Sections A, B, C & D. Enter on Page 1, Line 1..... \$ _____

A MUNICIPALITY DOES NOT NECESSARILY TAX ALL ITEMS OF INCOME, NOR ALLOW CERTAIN ITEMS AS DEDUCTIONS IN THE SAME MANNER AS STATE AND FEDERAL GOVERNMENT. IT IS THEREFORE REQUIRED THAT SCHEDULE "X" BELOW IS COMPLETED AND ALL RELATED FEDERAL SCHEDULES BE ATTACHED.

SCHEDULE X. RECONCILIATION WITH FEDERAL INCOME TAX RETURN

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
a. Capital Losses (Excluding Ordinary Losses).....\$ _____		n. Capital Gains (Excluding Ordinary Gains)..... \$ _____	\$ _____
b. Expenses incurred in the production of non-taxable income (at least 5% of Line Z).. \$ _____		o. Interest Income..... \$ _____	\$ _____
c. Taxes based on income (State)..... \$ _____		p. Dividends..... \$ _____	\$ _____
d. Taxes based on income (City)..... \$ _____		q. Other (Explain)..... \$ _____	\$ _____
e. NOL per Federal Return..... \$ _____			
f. Payments to partners..... \$ _____			
h. Other expenses not deductible (Explain)..... \$ _____			
m. (Enter Line 2a Other Side).....TOTAL.. \$ _____		z. Enter Line 2b Other Side.....TOTAL.. \$ _____	\$ _____

SCHEDULE Y Business Allocation Formula

STEP	a. LOCATED EVERYWHERE	b. LOCATED IN EVENDALE	c. PERCENTAGE (b + a)
1. AVERAGE VALUE OF REAL & TANG. PERSONAL PROPERTY GROSS ANNUAL RENTALS PAID MULTIPLIED BY 8 TOTAL STEP 1	_____	_____	_____ %
2. GROSS RECEIPTS FROM SALES MADE AND/OR WORK OR SERVICES PERFORMED	_____	_____	_____ %
3. WAGES, SALARIES AND OTHER COMPENSATION PAID	_____	_____	_____ %
4. TOTAL PERCENTAGES			_____ %
5. AVERAGE PERCENTAGE (Divide Total Percentages by Number of Percentages Used). Carry to Line 3b, Page 1.....			_____ %

SCHEDULE Z PARTNERS'S SHARE OF INCOME

1. NAME AND MUNICIPALITY OR TOWNSHIP OF EACH PARTNER	2. Resident		3. Dist. shares of Partners		4. Other Payments	5. Taxable Percentage	6. Amount Taxable
	Yes	No	Percent	Amount			
					\$ _____		\$ _____
7. TOTAL From Section A and Section D above			100	\$ _____			