

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

BUSINESS
2014 EVENDALE INCOME TAX RETURN 2014
DUE ON OR BEFORE APRIL 15, 2015

FILING REQUIRED EVEN IF NO TAX DUE.

Requests to extend the date for filing must be received in writing by the original due date of the return. (Copy of the Federal Extension received by original due date is acceptable.)

Fiscal Years fill in Dates
Beginning _____
Ending _____
File Within 3 1/2 Months of
Ending Date
Late filing will result in
interest and penalty.

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. ADJUSTED FEDERAL TAXABLE INCOME (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 PROFIT/LOSS (LINE 1 PLUS OR MINUS LINE 2c IF SCHEDULE X IS USED)..... \$ _____
	b. AMOUNT OF LINE 3a ALLOCABLE _____ % (FROM STEP 5 SCHEDULE Y)..... \$ _____
INCOME	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: 1.2% OF LINE 4..... \$ _____
	6. CREDITS:
	a. PAYMENTS AND CREDITS ON 2014 DECLARATION OF ESTIMATED TAX..... \$ _____
	b. PRIOR YEAR OVERPAYMENT..... \$ _____
	c. TOTAL CREDITS ALLOWABLE..... \$ _____

7. **BALANCE OF TAX DUE (LINE 5 LESS LINE 6c)**.....2014 TAX DUE \$

7a. **INTEREST \$** _____ 7b. **PENALTY \$** _____2014 TAX DUE PLUS INTEREST AND PENALTY \$

8. OVERPAYMENT TO BE REFUNDED \$ _____ OR CREDITED \$ _____ TO NEXT YEAR'S ESTIMATE
(if Line 6c is greater than Line 5) If you wish to have your refund directly deposited into your savings or checking account, complete the information below. Otherwise, your refund will be mailed to you at the taxpayer address indicated above.

ROUTING NUMBER	<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center;"><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div></div>	TYPE: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS
ACCOUNT NUMBER	<div style="border: 1px solid black; width: 200px; height: 20px; display: flex; align-items: center;"><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div></div>	

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 2015

9. TOTAL INCOME SUBJECT TO TAX \$ _____	MULTIPLY BY TAX RATE OF 1.2% FOR GROSS TAX OF _____	\$ _____
10. LESS EXPECTED TAX CREDITS		
a. OVERPAYMENT FROM PRIOR YEAR(S).....		\$ _____
b. TOTAL CREDIT.....		\$ _____
11. NET ESTIMATED TAX DUE FOR 2015 (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) MAKE REMITTANCE PAYABLE TO THE VILLAGE OF EVENDALE. (see reverse for more information) TO PAY BY CREDIT CARD, COMPLETE INFORMATION BELOW. \$ 		

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. ☐ CHECK HERE IF WE MAY CONTACT THE TAX PREPARER DIRECTLY WITH QUESTIONS REGARDING THIS RETURN.

TO PAY BY CREDIT CARD: Enter card number and expiration date exactly as it appears on your card. MasterCard, VISA and Discover accepted.

 MasterCard <input type="checkbox"/>	 VISA <input type="checkbox"/>	 Discover <input type="checkbox"/>
Card Number <div style="border: 1px solid black; width: 300px; height: 20px; display: flex; align-items: center;"><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div></div>		
Amount Authorized \$ <div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center;"><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div></div> Exp. Date ____ / ____ / ____		
Cardholder Signature _____		

Signature of Taxpayer or Agent (Required) _____	Date _____
Title, If Signing for a Business _____	
Signature of Person Preparing if Other Than Taxpayer _____	Date _____
Address _____	
Telephone Number _____	

SECTION A	Adjusted Federal Taxable Income for Corporations, S-Corporations and Partnerships
1. TAXABLE INCOME FROM FEDERAL FORM 1120 (LINE 28)	\$ _____
2. ORDINARY INCOME FROM FEDERAL FORM 1120S (LINE 21) OR FEDERAL FORM 1065 (LINE 22).....	\$ _____
3. ADD INCOME/LOSSES REPORTED TO SHAREHOLDERS ON SCHEDULE K:	
NET INCOME FROM RENTAL (REAL ESTATE OR OTHER).....	\$ _____
INTEREST	\$ _____
DIVIDENDS	\$ _____
ROYALTIES	\$ _____
CAPITAL GAIN/LOSS	\$ _____
OTHER INCOME/LOSS	\$ _____
TOTAL ADDITIONS.....	\$ _____
4. LESS DEDUCTIONS REPORTED TO SHAREHOLDERS ON SCHEDULE K:	
CHARITABLE CONTRIBUTIONS (LIMITED TO 10% OF ADJ. TAXABLE INCOME).....	\$ _____
SECTION 179 DEPRECIATION	\$ _____
OTHER DEDUCTIONS	\$ _____
TOTAL DEDUCTIONS.....	\$ _____
5. ADJUSTED FEDERAL TAXABLE INCOME (Line 1 or Line 2, plus Line 3, subtract Line 4).....	\$ _____
(AFTI for S-Corps generally equal to Line 23, Schedule K)	

SCHEDULE X	RECONCILIATION WITH FEDERAL RETURN AS REQUIRED BY ORC SECTION 718		
ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
a. Capital Losses (IRC 1221 or 1231 property).....	\$ _____	n. Capital Gains (IRC 1221 or 1231 property except to the extent the income and gains apply to those described in IRC 1245 or 1250).....	\$ _____
b. 5% of Intangible Income (Excluding Capital Gains)...	\$ _____	o. Federally reported intangible income such as, but not limited to interest, dividends, and patent and copyright income.....	\$ _____
c. Taxes based on income (State).....	\$ _____	p. Federal Tax Credit, to the extent corresponding operating expenses have been reduced.....	\$ _____
d. Taxes based on income (City).....	\$ _____	q. Section 179 Expense, not previously deducted.....	\$ _____
e. Guaranteed payments or accruals to or for current or former partners or members.....	\$ _____	r. Other (Explain)	\$ _____
f. Federally deducted dividends, distributions, or amounts set aside for, credited to, or distributed to REIT or RIC investors.....	\$ _____	_____	
g. Federally deducted amounts paid or accrued to or for qualified self-employed retirement plans, health insurance plans, and life insurance plans for owners or owner-employees of non corporate entities	\$ _____	_____	
h. Other (Explain)	\$ _____	_____	
m. Total Additions (Enter on Line 2a, page 1).....	\$ _____	z. Total Deductions (Enter on Line 2b, page 1).....	\$ _____

SCHEDULE Y	Business Allocation Formula		
	a. LOCATED EVERYWHERE	b. LOCATED IN EVENDALE	c. PERCENTAGE (b + a)
STEP 1. ORIGINAL COST OF REAL & TANG. PERSONAL PROPERTY GROSS ANNUAL RENTALS PAID MULTIPLIED BY 8	_____	_____	_____
TOTAL STEP 1	_____	_____	_____ %
STEP 2. GROSS RECEIPTS FROM SALES MADE AND/OR WORK OR SERVICES PERFORMED	_____	_____	_____ %
STEP 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.....	_____ %		
If return includes leased employees, please attach statement providing the name, address and FID of the leasing company.			

- Instructions (Lines 1-8)**
- Attach copy of Federal Form. Use Section A on page 2 of the Evendale Return to compute AFTI (Partnerships & S-Corporations must use Section A.)
 - All business entities must use Schedule X, page 2, to determine items not taxable/deductible.
 - Business entities with less than 100% of operations located in Evendale must use Schedule Y to determine business allocation percentage.
 - List allocable loss from prior years. Schedule must be attached - 3 year carryforward maximum.
 - Indicates amount of TAX DUE. If the sum of this line is five dollars or more, full payment must be received on or before the due date. An amount under five dollars is not collectible or refundable.
 - Interest is calculated as prescribed by ORC Section 5703.47. Interest is not computed on a balance due of \$100.00 or less.
 - Penalty for failure to pay taxes when due is calculated at one and one-half percent (1 1/2%) per month. Penalty for failure to pay the estimated tax when due is not calculated on a balance due of \$100.00 or less. Penalty for failure to file the return by the due date, or by the date resulting from extension, is twenty-five dollars (\$25.00).
 - Overpayment will be applied to your 2015 estimate unless a refund is requested.
 - A payment made by check may be processed as an electronic funds transfer from your bank or other financial institution account according to the terms of the check.

Extension Policy: Requests to extend the date for filing must be made in **writing** by the original due date of the return. A copy of the Federal Extension, filed with the Village of Evendale by the original due date of the return, is acceptable. Only those requests received in duplicate with a self-addressed, postage paid envelope will have a copy marked and returned.

2015 DECLARATION AND RETURN PAYMENT CALENDAR

April 15, 2015
File 2014 Income Tax Return
and 2015 Declaration

June 15, 2015
Remit 2nd
quarterly payment

September 15, 2015
Remit 3rd
quarterly payment

December 15, 2015
Remit 4th
quarterly payment