

File With Form BR EVENDALE TAX DEPARTMENT 10500 Reading Road Evendale, Ohio 45241 PHONE 513.563.2671 FAX 513.563.4636 www.evendaleohio.org	VILLAGE OF EVENDALE 2020 – BUSINESS INCOME TAX RETURN – 2020 FILE ON OR BEFORE APRIL 15, 2021. FILING REQUIRED EVEN IF NO TAX IS DUE. <i>A copy of the Federal Income Tax Return must be attached to the Evendale Tax Return.</i>	Fiscal Year Period Beginning _____ Ending _____ FILE WITHIN 3½ MONTHS OF ENDING DATE. Late filing will result in interest and penalties.
--	---	--

TAXPAYER NAME AND ADDRESS _____ _____ _____	PRINCIPAL BUSINESS ACTIVITY _____ CORPORATION <input type="checkbox"/> S CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> FEDERAL I.D. # _____ PHONE # _____ ARE YOU A RESIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/> DID YOU FILE A RETURN LAST YEAR? YES <input type="checkbox"/> NO <input type="checkbox"/> HAS THE IRS CHANGED YOUR RETURN IN THE LAST 3 YEARS? YES <input type="checkbox"/> NO <input type="checkbox"/> DATE MOVED INTO EVENDALE _____ DATE MOVED OUT OF EVENDALE _____ FEDERAL EXTENSION FILED YES <input type="checkbox"/> (Attach Copy) NO <input type="checkbox"/>
---	---

INCOME	1. ADJUSTED FEDERAL TAXABLE INCOME (ATTACH COPY OF FEDERAL RETURN & SCHEDULES) \$ _____
ADJUSTMENTS TO INCOME	2. a: ITEMS NOT DEDUCTIBLE (<i>SCHEDULE X, LINE M</i>) ADD \$ _____ b: ITEMS NOT TAXABLE (<i>SCHEDULE X, LINE Z</i>) DEDUCT \$ _____ c: DIFFERENCE BETWEEN LINES 2a AND 2b TO BE ADDED OR SUBTRACTED FROM LINE 1 (+ OR -) \$ _____ 3. a: ADJUSTED FEDERAL TAXABLE INCOME AFTER SCHEDULE X (LINE 1 +/- LINE 2c) (<i>IF A LOSS, THIS IS YOUR "NEW" NOL; SEE 3b</i>) \$ _____ b: NEW NOL DEDUCTION (50% LIMITATION) . . . SEE WEBSITE FOR HB 5 NOL MNP RELEASE WITH INSTRUCTIONS \$ _____ c: APPORTIONMENT PERCENTAGE (<i>SCHEDULE Y, STEP 5</i>) % _____ 4. EVENDALE TAXABLE INCOME (MULTIPLY LINE 3a X LINE 3c OR USE MTI AMOUNT FROM CALCULATION, SEE 3b) \$ _____

TAX	5. EVENDALE TAX: 1.2% OF LINE 4 \$ _____
------------	---

PAYMENTS AND CREDITS	6. CREDITS: a: PAYMENTS AND CREDITS ON 2020 DECLARATION OF ESTIMATED TAX \$ _____ b: PRIOR YEAR OVERPAYMENTS \$ _____ c: TOTAL CREDITS ALLOWABLE \$ _____
-----------------------------	--

BALANCE DUE, REFUND OR CREDIT	7. 2020 VILLAGE OF EVENDALE TAX DUE (<i>LINE 5 LESS LINE 6c</i>) \$ _____ a: LATE FILING FEE (\$25.00 PER MONTH OR FRACTION THEREOF, NOT TO EXCEED \$150.00) \$ _____ b: PENALTY DUE (15% OF THE AMOUNT NOT TIMELY PAID) \$ _____ c: INTEREST DUE (7% ON ALL TAX NOT TIMELY PAID) See instructions \$ _____ d: TOTAL 2020 BALANCE DUE (<i>LINE 7 PLUS LINE 7A THROUGH LINE 7C</i>) No Payment due if \$10.00 or less \$ _____ 8. OVERPAYMENT <input type="checkbox"/> REFUND \$ _____ OR <input type="checkbox"/> CREDIT \$ _____ TO NEXT YEAR'S ESTIMATE <i>(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.</i> TYPE: <input type="checkbox"/> CHECKING OR <input type="checkbox"/> SAVINGS ROUTING NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ACCOUNT NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
--------------------------------------	--

DECLARATION OF ESTIMATED TAX FOR YEAR 2021 DECLARATION REQUIRED IF ESTIMATED TAX (LINE 10) EXCEEDS \$200.00

ESTIMATE FOR NEXT YEAR	9. TOTAL ESTIMATED INCOME SUBJECT TO TAX \$ _____ 10. EVENDALE INCOME TAX DECLARATION (<i>LINE 9 MULTIPLIED BY 1.2%</i>) \$ _____ 11. TAX DUE BEFORE CREDITS (<i>MULTIPLY LINE 10 BY 25%, or MINIMUM 22.5%</i>) \$ _____ 12. LESS OVERPAYMENT FROM PRIOR YEAR (<i>LINE 8, AMOUNT CREDIT TO NEXT YEAR</i>) \$ _____ 13. NET ESTIMATED TAX DUE WITH THIS RETURN (<i>LINE 11 LESS LINE 12</i>) \$ _____
-------------------------------	---

TOTAL DUE	14. TOTAL AMOUNT DUE (<i>LINE 7d PLUS LINE 13</i>) \$ _____ <i>Make remittance payable to the Village of Evendale. To pay by credit card, complete the information below.</i>
------------------	---

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. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Card Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Amount Authorized \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Exp. Date ____ / ____ / ____ Cardholder Signature _____	Signature of Taxpayer or Agent (Required) _____ Date _____ Title, If Signing for a Business _____ Date _____ Email address for Taxpayer or Agent Signing _____ Signature of Person Preparing if Other Than Taxpayer _____ Date _____ Address _____ Phone Number _____
---	---

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. Expenses attributable to intangible income (5% of total intangible income, excluding capital gains)	\$	o. Federally reported intangible income such as, but not limited to, interest and dividends and Other Intangible Income as defined in ORC 718.01(S)	\$
c. Taxes based on or measured by net income	\$	r. Other (Explain)	\$
e. Guaranteed payments to current or former partners, shareholders or members.....	\$		
f. Real Estate Investment Trust (REIT) distributions	\$		
h. Other (Explain)	\$		
m. Total Additions (Enter on Line 2a, page 1)	\$	z. Total Deductions (Enter on Line 2b, page 1)	\$

SCHEDULE Y: Business Apportionment Formula

	a. LOCATED EVERYWHERE	b. LOCATED IN EVENDALE	c. PERCENTAGE (b ÷ a)
STEP 1. ORIGINAL COST OF REAL AND TANGIBLE 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 %		

INSTRUCTIONS FOR LINES 1 THROUGH 9

1. **Attach copy of Federal return and schedules.** Enter the Adjusted Federal Taxable Income (AFTI) as defined by the ORC 718.01. AFTI means a C Corporation's Federal taxable income before net operating losses and special deductions. Other business entities must compute the AFTI as if they were a C Corporation. Generally, this is the line titled "Income (Loss) Reconciliation" on the Schedule K of the Form 1120S for subchapter S Corporations or the line titled "Analysis of Net Income (Loss)" of the Form 1065 for Partnerships and Limited Liability Companies.
2. All business entities must use Schedule X, page 2, to determine items not taxable/deductible.
3. Business entities with less than 100% of operations located in Evendale must use Schedule Y.
- 3b. Enter the amount of the loss carryforward, if applicable. If reporting new NOL (2017 and after), please see website for the MNP Net operating Loss Deduction Instructions. Effective beginning with the tax year 2017, NOL are computed prior to the application of the allocation percentage. Schedule Y, if applicable, must be completed to be considered a complete tax return. NOL may be carried forward for a maximum of 5 (five) tax years. See website HB 5 NOL MNP release provided by the Ohio Department of Taxation.
- 3c. Enter the apportionment percentage from Schedule Y, Step 5.
4. Multiply Line 3 x Line 3c OR use MTI amount from calculation (See 3b).
- 7a. Late filing fee for all tax returns and forms is \$25.00 per month of portion thereof, not to exceed \$150.00.
- 7b. Penalty due is 15% of the amount not timely paid.
- 7c. Interest is imposed on all tax not timely paid. The rate is adjusted annually based on the federal short-term rate + 5%. Please visit the Village website for the interest rate(s) or call the Tax Department at (513) 563-2671 for questions regarding the interest rate(s).
- 7d. Indicates amount of TAX DUE. If this line is equal to more than \$10.00, full payment must be received on or before the due date. If this line is \$10.00 or less, the amount is not collectible – enter zero.
8. If Line 6c is greater than Line 5, enter the amount of the overpayment to be refunded and/or credited. The overpayment will be credited to next year unless a refund is requested. If the overpayment amount is \$10.00 or less, the amount will not be refunded.
8. As required by Ohio Law, estimated tax must be computed and remitted on a quarterly basis if the estimated amount for the year (Line 10) exceeds \$200.00. To avoid penalties, estimated payments must be equal to 100% of the prior year's tax liability, or 90% of the current year's tax liability. See the schedule below for 2021 Declaration and quarterly estimated tax payment due dates.

2021 DECLARATION AND RETURN PAYMENT CALENDAR

APRIL 15, 2021	JUNE 15, 2021	SEPTEMBER 15, 2021	DECEMBER 15, 2021	APRIL 15, 2022
File 2020 Income Tax Return with 2021 Declaration and 1st quarterly payment.	Remit 2nd quarterly payment	Remit 3rd quarterly payment	Remit 4th quarterly payment	File 2021 Income Tax Return with 2022 Declaration and 1st quarterly payment



VILLAGE OF
EVENDALE