

2023 BUSINESS TAX RETURN

CITY OF HEATH, OHIO

CALENDAR YEAR TAXPAYERS FILE BY: APRIL 15, 2024

FISCAL YEAR TAXPAYERS FILE WITHIN 4 MONTHS FROM YEAR END

BEGINNING _____ 20 ____ & ENDING _____ 20 ____

FILING REQUIRED EVEN IF NO TAX IS DUE

FOR OFFICE USE ONLY

AMT. REC. _____

DATE REC. _____

CASH _____ CHECK _____ # _____

LETTER MAILED DATE ____ BY _____

F.I.D. #

PHONE #

CORRECT NAME AND ADDRESS ABOVE IF WRONG.

ROUND TO NEAREST DOLLAR

1.	Taxable Income from Federal Return (Attach Copy of Federal Return) From Form _____ Line _____	\$
2.	Adjustments (From line Q on Reverse, Schedule X)	\$
3.	Taxable Income before allocation (Line 1 plus/minus line 2)	\$
4.	Allocation Percentage (From Lines on Reverse, Schedule Y) _____ % (Multiply line 3 by line 4) Calculate % even if a loss	\$
5.	Heath Taxable Income	\$
	a. NET OPERATING LOSS (Loss Carryover Available _____ Loss Current Year _____)	\$
	b. Heath Net Taxable Income (Subtract Line 5a from Line 5) (ONLY IF PROFIT)	\$
6.	Heath Income Tax (Multiply line 5b by 2.0% (.02)	\$
7.	Estimates paid on this years liability	\$
8.	Other Credits (Explain)	\$
9.	Total Credits	\$
10.	Tax Due (Subtract line 9 from line 6)	\$
11.	LATE FILING.	
	a. Late Filing Charge @ \$25.00 (If filed after April 15, 2024)	\$
	b. Interest @ .5833% per month or fraction thereof on unpaid taxes	\$
	c. Penalty @ 15% on unpaid taxes	\$
	d. TOTAL OF LINE 11a, 11b, AND 11c	\$
12.	Total Due (Add lines 10 and 11d) (If more than \$10.00)	\$
13.	Overpayment (Line 9 greater than line 6)	\$
14.	Indicate Refund (If more than \$10.00) by checking box ☐	\$
15.	Credit to next year by checking box ☐	\$

DECLARATION OF ESTIMATED TAX FOR 2024

Required where tax due exceeds \$200.00

16.	Total estimated income subject to tax	\$
17.	Multiply line 16 by 2% (.02) Balance of Heath City Income Tax declared	\$
18.	Tax due before credits (at least 22½% of line 17)	\$
19.	Less credits (from 15 above)	\$
20.	Net estimated tax due (line 18 minus line 19)*	\$
21.	TOTAL AMOUNT DUE - Combine line 12 above with line 20 (make checks payable to Heath Income Tax)	\$

*First Quarter Estimate should be paid with this return.

☐ If this return was prepared by a tax practitioner, check here if we may contact him/her directly with questions regarding the preparation of this return.

Under penalty of perjury, the undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated and that the figures used herein are the same as used for Federal Income Tax purposes.

SIGNATURE OF PERSON PREPARING IF OTHER THAN TAXPAYER

DATE

SIGNATURE OF TAXPAYER OR AGENT

DATE

NAME AND ADDRESS OF PREPARER

PHONE NUMBER

NAME AND TITLE

PHONE NUMBER

SCHEDULE X

This schedule is used to adjust your federal net income to your Heath taxable income. The left column is for items deductible on the federal return, but not deductible under the Heath Ordinance. The right hand column is for items taxable on the federal return, but not taxable by Heath.

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
A. Federally deducted losses from IRC 1221 or 1231 property disposition	\$	J. Federally reported income/gain from IRC 1221 or 1231 property dispositions, except to the extent the income/gains apply to those described in IRC 1245 or 1250.....	\$
B. Five percent of intangible income reported On Line K (Sch.X), except that which is from IRC 1221 property disposition	\$	K. Federally reported intangible income such as, but not limited to, interest, dividends, and patent and copyright income.....	\$
C. Federally deducted taxes based on income	\$	L. Amount of Federal tax credits to the extent they have reduced corresponding operating expenses.....	\$
D. Guaranteed payments or accruals to, or for, Current or former partners or members	\$	M. IRC Section 179 expenses (not previously deducted)	\$
E. Federally deducted dividends, distributions, Or amounts set aside for, credited to, or Distributed to REIT or RIC investors.....	\$	N. Charitable contributions of Partnerships, S corp's, LLC's	\$
F. 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 C corporation entities	\$	O. Other (explain and document)	\$
G. Rental activities by Partnership, S corp, LLC, Trusts	\$	P. TOTAL DEDUCTIONS (lines J thru O).....	\$
H. Other (explain and document)	\$		
I. TOTAL ADDITIONS (lines A thru H).....	\$		
Q. CALCULATE DIFFERENCE BETWEEN LINE I AND P, CARRY TO PAGE 1, LINE 2			\$

SCHEDULE Y – BUSINESS APPORTIONMENT FORMULA

(THIS FORM IS TO BE USED BY NON-RESIDENTS OF HEATH, OHIO ONLY)

	A. Located Everywhere	B. Located in Heath	C. Percentage (B ÷ A)
Step 1. Average original cost of real & tangible personal property	\$	\$	X X X X X X
Gross annual rentals multiplied by 8	\$	\$	X X X X X X
TOTAL STEP 1	\$	\$	1.%
Step 2. Gross receipts from sales made and/or work/services perform	\$	\$	2.%
Step 3. Total wages, salaries, commissions & other compensation of All employees	\$	\$	3.%
Step 4. Total percentages			4.%
Step 5. Average percentage (divide total percentages by number of percentages used, (zero not used)			5.%
CARRY STEP 5 AVERAGE PERCENTAGE TO PAGE 1, LINE 4.			

SCHEDULE Y-1 - RECONCILIATION TO FORM WHR, WITHHOLDING RECONCILIATION

Total wages allocated to Heath (from Federal Return or allocation formula) \$

Total wages shown on Form WHR (Withholding Reconciliation) \$

Please explain any difference

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