

BUSINESS - 2023 INCOME TAX RETURN NEW BOSTON

MAKE CHECK OR MONEY ORDER TO:
VILLAGE OF NEW BOSTON, INCOME TAX
BUREAU
3980 RHODES AVENUE
NEW BOSTON OH 45662-4999

Voice 740-456-4103 Ext Fax 740-456-6473
nbltd@roadrunner.com

Fiscal Period _____ to _____

**Federal schedules MUST be attached to
this
return.**

Federal ID#

Business Telephone No.

Principal
Business
Activity
NAICS Code

IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES

INTO / / OUT OF / /

CHECK ONE

- | | |
|--|------------------------------------|
| ☐ CORPORATION | ☐ ESTATE |
| ☐ SOLE PROPRIETOR | ☐ TRUST |
| ☐ PARTNERSHIP | ☐ FIDUCIARY |
| ☐ S-CORPORATION | |
| ☐ OTHER _____ | |

Name

And

Address

- 1 Total taxable income
2 Adjustments (See Schedule X)
3 Taxable income before allocation (Line 1 plus/minus lines 2)
4 Allocation percentage (See Schedule Y)
5 Adjusted Net Income (Multiply line 3 by line 4)
6 Allocable Net Loss Carry Forward
7 New Boston Taxable income (Line 5 minus Line 6)
8 New Boston income tax (Multiply line 7 by 2.500%)
9 Credits applied from previous year(s) to this year's liability
10 Estimates paid on this year's liability
11 Other credits
12 Total credits (Total line 9, 10 and 11)
13 Tax due (If line 8 is greater than line 12, subtract line 12 from line 8) If greater than 10.00
14 Penalty
15 Interest
16 Total due (Total line 13, 14 and 15)
17 Overpayment (Issued if greater than 10.00)
18 Amount to be refunded
19 Amount to be credited to next year

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Declaration of Estimate For 2024

- 20 Total estimated income subject to tax
21 Estimated tax due. (Multiply line 20 by 2.500%)
22 Less credits (from 19 above)
23 Net estimated tax due (subtract line 22 from line 21)
24 Minimum amount due for first quarter (Multiply line 23 by 25%)

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21	
22	
23	
24	

Amount You Owe

- 25 Total amount due (add lines 16 and 24)

25	
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Tax Office Use Only : Tax Office Use Only : Tax Office Use Only

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.

TaxPayer's Signature

Date

Tax Preparer's Signature
(If other than taxpayer)

Date

Phone No. _____

May VILLAGE OF NEW BOSTON discuss this return with the preparer shown above ___Yes ___No