Form BR File With

VILLAGE OF LORDSTOWN
Income Tax Department
1455 Salt Springs Road, S.W.
Lordstown, Ohio 44481

Business Tax Year _____

LORDSTOWN INCOME TAX RETURN

ORDINANCE NO. 41-77 • EFFECTIVE DATE OF 7/1/77
AMENDED ORDINANCE 65-91

FILING REQUIRED EVEN IF NO TAX DUE ON OR BEFORE APRIL 15

(330) 824-2627 • FAX: (330) 824-3703

MAKE CHECK OR MONEY ORDER PAYABLE TO: LORDSTOWN VILLAGE INCOME TAX

PRINCIPAL BUSINESS ACTIVITY _____

CORPORATION ☐ PARTNERSHIP ☐ SOLE PROPRIETOR ☐
RENTAL PROPERTY ☐

IF OTHER, EXPLAIN _____

BUSINESS TELEPHONE _____

FEDERAL I.D.# _____

IF YOU HAVE MOVED DURING CURRENT YEAR PLEASE GIVE DATE

MOVED IN _____ MOVED OUT _____

INCOME

1. TOTAL INCOME FROM PAGE 2 OR ATTACHED COPIES OF FEDERAL RETURNS & SCHEDULES ..... $ _____

ADJUSTMENTS TO INCOME

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

b. ITEMS NOT TAXABLE (FROM LINE Z SCHEDULE X [FROM PAGE 2]) ..... DEDUCT $ _____

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

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

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

4. AMOUNT SUBJECT TO LORDSTOWN INCOME TAX (LINE 3a OR 3b) ..... $ _____

TAX

5. LORDSTOWN TAX 1.5% OF LINE 4 ..... $ _____

6. CREDITS:

(a) PAYMENTS AND CREDITS ON PREVIOUS YEARS DECLARATION OF ESTIMATED TAX $ _____

(b) PRIOR YEAR OVERPAYMENT ..... $ _____

(c) TAXES PAID OTHER COMMUNITIES TO 1.5% ..... $ _____

(x) TOTAL CREDITS ALLOWABLE ..... $ _____

7. IF LINE 5 GREATER THAN LINE 6x PAYMENT OF BALANCE MUST ACCOMPANY THIS RETURN:
No payment due if Line 7 is 10.00 or less

TAX DUE $ _____

8. OVERPAYMENT TO BE REFUNDED $ _____ OR CREDITED $ _____ TO NEXT YEAR ESTIMATE
If over $10.00

DECLARATION OF ESTIMATED TAX FOR YEAR

9. TOTAL INCOME SUBJECT TO TAX $ _____ MULTIPLY BY TAX RATE OF 1.5% FOR GROSS TAX OF ..... $ _____

10. LESS EXPECTED TAX CREDITS

A. OVERPAYMENT FROM PRIOR YEAR(S) ..... S _____

B. OTHER (EXPLAIN)..... S _____

C. TOTAL CREDITS ..... $ _____

11. NET TAX DUE (LINE 9 LESS LINE 10C) ..... $ _____

12. FIRST QUARTER DUE WITH THIS DECLARATION ..... $ _____

13. BALANCE OF ESTIMATED TAX DUE ..... $ _____

14. TOTAL OF THIS PAYMENT (LINE 7 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, THE 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 _____ Date _____

IN LIEU OF COMPLETING, YOU MAY ATTACH APPROPRIATE FEDERAL SCHEDULE(S)

SECTION A — Profit (or Loss) from Business or Profession

1. TOTAL RECEIPTS, LESS ALLOWANCES, REBATES AND RETURNS ..... $ _____
2. LESS Cost of Labor $ _____ Material, supplies & 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 ..... $ _____
7. AUTO, TRUCK AND TRAVEL ..... $ _____
8. INT. ON BUSINESS INDEBTEDNESS .. $ _____
9a. TAXES BASED ON INCOME ..... $ _____
b. OTHER BUSINESS TAXES ..... $ _____
10. SALARIES AND WAGES ..... $ _____
11. DEPRECIATION, AMORTIZATION ..... $ _____
12. RENTS (Paid to _____) $ _____
13. OTHER (List if over 10% of Line 14) ... $ _____
14. TOTAL BUSINESS DEDUCTIONS (Total of Lines 6 to 13) ..... $ _____
15. NET PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION (LINE 5 LESS LINE 14) ..... $ _____

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

SECTION C — Income from Rents — from Federal Schedule E — Over $250.00 Gross Monthly

Kind & 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 D ..... $ _____

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

SCHEDULE X. RECONCILIATION WITH FEDERAL INCOME TAX RETURN

ITEMS NOT DEDUCTIBLE	ADD
a. Capital Losses (Excluding Ordinary Losses)	$ _____
b. Expenses incurred in the production of non-taxable income (at least 5% of Line Z)	$ _____
c. Taxes based on income (State)	$ _____
d. Taxes based on income (City)	$ _____
e. Net operating loss deduction per Federal Return	$ _____
f. Payments to partners	$ _____
g. Contributions	$ _____
h. Other expenses not deductible (Explain)	$ _____
m. (Enter Line 2a Other Side) ..... TOTAL	$ _____

ITEMS NOT TAXABLE	DEDUCT
n. Capital Gains (Excluding Ordinary Gains)	$ _____
o. Interest Income	$ _____
p. Dividends	$ _____
q. Other (Explain)	$ _____
_____	
_____	
z. Enter Line 2b Other Side ..... TOTAL	$ _____

SCHEDULE Y — Business Allocation Formula

	a. LOCATED EVERYWHERE	B. LOCATED IN LORDSTOWN	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 _____ %

SCHEDULE Z PARTNER'S SHARE OF INCOME

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