## **FORM FR 1128**

## INCOME TAX RETURN MAKE CHECK OR MONEY ORDER TO: CITY OF SOUTH LEBANON -TAX DEPT. Federal ID# SOUTH LEBANON 10 N HIGH STREET Fiscal Period \_\_\_\_\_\_ to BusinessTelephone No SOUTH LEBANON OH 45065 Principal Business Activity Federal Schedules MUST be attached to this NAICS Code return. Voice 513-494-2296 Ext 2 Fax 513-494-1656 IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES tax@southlebanonohio.org OUT OF INTO Name CHECK ONE CORPORATION ☐ ESTATE And SOLE PROPRIETOR ☐ TRUST PARTNERSHIP FIDUCIARY Address S-CORPORATION OTHER 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 South Lebanon Taxable income (Line 5 minus Line 6) 8 South Lebanon income tax (Multiply line 7 by 1.000%) 9 Credits applied from previous year(s) to this year's liability 10 Estimates paid on this year's liability 10 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 18 19 Amount to be credited to next year **Declaration of Estimate For 2022** 20 Total estimated income subject to tax 20 21 Estimated tax due. (Multiply line 20 by 1.000%) 22 Less credits (from 19 above) 23 Net estimated tax due (subtract line 22 from line 21) 23 24 Minimum amount due for first quarter (Multiply line 23 by 25%) **Amount You Owe** 25 Total amount due (add lines 16 and 24) Tax Office Use Only: Tax Office Use Only: Tax Office Use Only By signing this return, I declare this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated and the figures. CREDIT CARD INFORMATION FOR PAYMENT Date TaxPayer's Signature ACCOUNT NUMBER DISC VER SECURITY PIN CARD EXPIRATION Tax Preparer's Signature Date (If other than taxpayer) Phone No. AMOUNT

**BUSINESS - 2021** 

## SECTION A Adjusted Federal Taxable Income for S-Corporations, Partnerships and Corporations

	1. Federal taxable income before net operating losses and special deductions per attached federal return (form 1120 Line 28; form 1120S, Schedule K, Line 18; form 1065, Schedule K, Page 5, Line 1; form 1041, Line 17; 990T, Line 30; form 1120-REIT, Line 20) 1 \$					
2.	2. Items not deductible (from line m below)					
3.	tems not taxable (from line z below)					
			4 \$			
5.	Adjusted Federal taxable income (add lines 1 & 4)			5 \$		
S	CHEDULE X Reconciliation with Federal Income Tax Return as	Required by ORC Se	ection 718			
•	TEMS NOT DEDUCTIBLE ADD Federally deducted losses from IRC 1221 or 1231	ITEMS NOT T		roporty dispositions	DEDUCT	
ц.	property dispositions\$	<ul> <li>n. Capital gains (IRC 1221 or 1231 property dispositions except to the extent the income and gains apply</li> </ul>				
b.	Five percent of intangible income reported on line O,	to those described in IRC 1245 or 1250)				
	except that from IRC 1221 property dispositions\$ o. Federally reported intangible income such as,					
	Taxes based on income (State)\$		but not limited to interest, dividends, patent and			
	Taxes based on income (City)\$  Guaranteed payments or accruals to or for current or		copyright income\$  p. Amount of Federal Tax Credit to the extent they			
С.	former partners or members\$		have reduced corresponding operating expenses\$			
f.	Federally deducted dividends, distributions, or		q. Not previously deducted IRC Section 179 Expense\$			
	amounts set aside for, credited to, or distributed to		r. Partnership, S Corp, LLC, Corporations, charitable contributions\$			
	REIT or RIC investors\$					
g. Federally deducted amounts paid or accrued to or s. Other						
	for qualified self-employed retirements plans, health insurance plans, and life insurance plans for owners					
	or owner-employees of non-C corp entities\$					
h. Rental activities by partnership, S Corp or LLC, Trusts, Corporations \$						
i. Other\$						
m. Total (Add lines a to i and Enter on line 2 above)\$ z. Total (Add lines n to s and Enter on line 3 above)\$						
S	CHEDULE Y Business Apportionment Formula	A. LOCATED EVERYWHERE	B. LOCATED IN THIS CITY	C. PERCENTAGE (B ÷ A)		
ST	EP 1. ORIGINAL COST OF REAL AND TANGIBLE PERSONAL PROPERTY	\$	. \$ <u></u>	<del></del>		
	GROSS ANNUAL RENTALS MULTIPLIED BY 8	\$	\$			
	TOTAL OF STEP 1	\$	- \$ <u></u>			
ST	EP 2. GROSS RECEIPTS FROM SALES MADE AND WORK OR					
	SERVICES PERFORMED	\$	. \$			
ST	EP 3. WAGES, SALARIES AND OTHER COMPENSATION PAID	\$	- \$ <del></del>			
ST	EP 4. TOTAL PERCENTAGES			-		
STEP 5. AVERAGE PERCENTAGES (DIVIDE TOTAL PERCENTAGES BY NUMBER OF PERCENTAGES USED THEN ENTER ON LINE 2, PAGE 1)						
SCHEDULE Y-1 RECONCILIATION TO FORM W-3 (WITHHOLDING RECONCILIATION)						
То	Total wages allocated to South Lebanon from Federal Return or apportionment formula)\$					
Total wages shown on Form W-3 (Withholding Reconciliation)						
Δ.	Are any employees leased in the year covered by this return?					
If YES, please provide the name, address, and FID number of the leasing company						

EXTENSION POLICY: Any business that has duly requested an automatic six month extension for filing the taxpayer's federal income tax return shall automatically receive an extension for filing of a municipal income tax return. An extension of time to file is not an extension of time to pay.