

BUSINESS - 2020 INCOME TAX RETURN SOUTH LEBANON

Fiscal Period _____ to _____

Federal Schedules MUST be attached to this return.

MAKE CHECK OR MONEY ORDER TO:
VILLAGE OF SOUTH LEBANON -TAX DEPT.

10 N HIGH STREET
SOUTH LEBANON OH 45065

Voice 513-494-2296 Ext 2 Fax 513-494-1656
tax@southlebanonohio.org

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	1		
2 Adjustments (See Schedule X)	2		
3 Taxable income before allocation (Line 1 plus/minus lines 2)	3		
4 Allocation percentage (See Schedule Y)	4		%
5 Adjusted Net Income (Multiply line 3 by line 4)	5		
6 Allocable Net Loss Carry Forward	6		
7 South Lebanon Taxable income (Line 5 minus Line 6)	7		
8 South Lebanon income tax (Multiply line 7 by 1.000%)	8		
9 Credits applied from previous year(s) to this year's liability	9		
10 Estimates paid on this year's liability	10		
11 Other credits	11		
12 Total credits (Total line 9, 10 and 11)			12 <input style="width: 100px;" type="text"/>
13 Tax due (If line 8 is greater than line 12, subtract line 12 from line 8) If greater than 10.00			13 <input style="width: 100px;" type="text"/>
14 Penalty	14		
15 Interest	15		
16 Total due (Total line 13, 14 and 15)			16 <input style="width: 100px;" type="text"/>
17 Overpayment (Issued if greater than 10.00)			17 <input style="width: 100px;" type="text"/>
18 Amount to be refunded	18		
19 Amount to be credited to next year	19		

Declaration of Estimate For 2021

20 Total estimated income subject to tax	20		
21 Estimated tax due. (Multiply line 20 by 1.000%)			21 <input style="width: 100px;" type="text"/>
22 Less credits (from 19 above)			22 <input style="width: 100px;" type="text"/>
23 Net estimated tax due (subtract line 22 from line 21)	23		
24 Minimum amount due for first quarter (Multiply line 23 by 25%)			24 <input style="width: 100px;" type="text"/>

Amount You Owe

25 Total amount due (add lines 16 and 24)			25 <input style="width: 100px;" type="text"/>
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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.

TaxPayer's Signature Date

Tax Preparer's Signature Date
(If other than taxpayer)

Phone No. _____

CREDIT CARD INFORMATION FOR PAYMENT

ACCOUNT NUMBER

SECURITY PIN CARD EXPIRATION

AMOUNT CARD HOLDER SIGNATURE - SIGN HERE

May VILLAGE OF SOUTH LEBANON discuss this return with the preparer shown above ___Yes ___No

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. Items not deductible (from line m below) ... 2 \$
3. Items not taxable (from line z below) ... 3 \$
4. Subtract line 3 from line 2 and enter the result here ... 4 \$
5. Adjusted Federal taxable income (add lines 1 & 4) ... 5 \$

SCHEDULE X Reconciliation with Federal Income Tax Return as Required by IRC Section 718

Table with 4 columns: ITEMS NOT DEDUCTIBLE, ADD, ITEMS NOT TAXABLE, DEDUCT. Rows include: a. Federally deducted losses from IRC 1221 or 1231 property dispositions; b. Five percent of intangible income reported on line O, except that from IRC 1221 property dispositions; c. Taxes based on income (State); d. Taxes based on income (City); e. Guaranteed payments or accruals to or for current or former partners or members; f. Federally deducted dividends, distributions, or amounts set aside for, credited to, or distributed to REIT or RIC investors; g. Federally deducted amounts paid or accrued to or 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); n. Capital gains (IRC 1221 or 1231 property dispositions except to the extent the income and gains apply to those described in IRC 1245 or 1250); o. Federally reported intangible income such as, but not limited to interest, dividends, patent and copyright income; p. Amount of Federal Tax Credit to the extent they have reduced corresponding operating expenses; q. Not previously deducted IRC Section 179 Expense; r. Partnership, S Corp, LLC, Corporations, charitable contributions; s. Other; z. Total (Add lines n to s and Enter on line 3 above)

SCHEDULE Y Business Apportionment Formula

Table with 4 columns: A. LOCATED EVERYWHERE, B. LOCATED IN THIS CITY, C. PERCENTAGE (B ÷ A). Rows include: STEP 1. ORIGINAL COST OF REAL AND TANGIBLE PERSONAL PROPERTY GROSS ANNUAL RENTALS MULTIPLIED BY 8; STEP 2. GROSS RECEIPTS FROM SALES MADE AND WORK OR SERVICES PERFORMED; STEP 3. WAGES, SALARIES AND OTHER COMPENSATION PAID; STEP 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)

Total wages allocated to So Lab (from Federal Return or apportionment formula) ... \$
Total wages shown on Form W-3 (Withholding Reconciliation) ... \$
Please explain any difference: _____

Are any employees leased in the year covered by this return? ... YES NO

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.