CITY OF KETTERING INCOME TAX DIVISION

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2018 KETTERING BUSINESS TAX RETURN CALENDAR YEAR DUE ON OR BEFORE APRIL 15, 2019

FISCAL YEAR _____ TO ____ Fiscal Year Due on the 15th Day of the Fourth Month After the Close of the Period



| Name: | | Kettering Account Number: | | | | | |
|---|---|---|-------------------------------|--|--|----------|--|
| | | | | | | Address: | |
| City: _ | | | S Corporation | | | | |
| State: | Zip: | PartnershipL Should your account be ir | Fiduciary (Trusts or Estates) | | | | |
| Email | Address: | | | | | | |
| LIIIaii | Address | | | | | | |
| Atta | ch a copy of the Federal Return. | | | | | | |
| Par | t A – Tax Calculation | | | | | | |
| 1. | Federal Taxable Income before net operating losses and special deductions | | 1. | | | | |
| 2. | Adjustments (From Schedule X) | | 2. | | | | |
| 3. | Adjusted Federal Taxable Income (Line 1 plus Line 2) | | 3. | | | | |
| 4. | 2017 loss carryforward (lesser of 50% of 2017 loss or 50% of Line 3; see instructions) | 4. (|) | | | | |
| 5. | Net Profit (Line 3 plus Line 4) | | 5. | | | | |
| 6. | Apportionment percentage (from Schedule Y, Step 5) | 6. | | | | | |
| 7. | Apportioned Kettering Net Profit (Line 5 multiplied by Line 6) | | 7. | | | | |
| 8. | 2015 and 2016 loss carryforward 2015 () + 2016 () = () | 8. (|) | | | | |
| 9. | Municipal Taxable Income (Line 7 plus Line 8) | | 9. | | | | |
| 10. | Kettering Income Tax (Line 9 multiplied by 2.25%) | | 10. | | | | |
| 11a. | Estimates Paid/Extension Payment | 11a. | | | | | |
| 11b. | Prior Year Credit | 11b. | | | | | |
| 12. | Total Payments and Credits (Line 11a plus Line 11b) | | 12. | | | | |
| 13. | Balance Due/(Overpayment) (Line 10 minus Line 12) | | 13. | | | | |
| 14. | Late Filing Penalty (\$25.00, even if no tax due on Line 13) | | 14. | | | | |
| 15a. | Penalty Due (15% of all tax not timely paid) | | 15a. | | | | |
| | Interest Due (Imposed on all tax not timely paid) | | 15b. | | | | |
| 16. | Total Due/(Overpaid) (Total of Lines 13, 14, 15a and 15b) – No payment due if Line | 16 is \$10.00 or less | 16. | | | | |
| 17. | Overpayment from Line 16 | 17. | | | | | |
| 18. | Amount to be Refunded – Amounts \$10.00 or less will not be refunded | 18. | | | | | |
| 19. | Credit to Next Year | 19. | | | | | |
| | | | | | | | |
| Par | t B – Declaration of Estimated Tax for 2019 – Must be completed by taxpay | ers who anticipate a net tax liability | of \$200.00 or more | | | | |
| 20. | Total Estimated Income Subject to Tax | | 20. | | | | |
| 21. | Kettering Income Tax Declaration (Line 20 multiplied by 2.25%) | | 21. | | | | |
| 22. | Declaration Due (Multiply Line 21 by 22.5%) | | 22. | | | | |
| 23. | Less: Overpayment from Prior Year (from Line 19 above) | | 23. | | | | |
| 24. | Net Estimated Tax Due with this Return (Line 22 minus Line 23) – subsequent estimated payments are due by 6/15, 9/15, 12/15; fiscal filers – see instructions | | 24. | | | | |
| 25. | TOTAL AMOUNT DUE – Add Lines 16 and 24. Make checks payable to City of Ke Credit card, debit card and electronic check payments can be made at www.ketterin | • | 25. | | | | |
| 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. Yes No The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated. | | | | | | | |
| Signati | ure of Officer or Agent Date Sign | ature of Person Preparing the Return | Date | | | | |
| Name | and Title Nam | Name of Person Preparing the Return | | | | | |

Preparer Email Address

| SCI | HEDULE X | | | | |
|--|--|---------------------------|-------------------|-----|-----------------------|
| | ITEMS NOT DEDUCTIBLE (ADDITIONS) | | | | |
| A. | Capital losses and IRC Section 1231 losses | A. | | | |
| В. | Taxes on or measured by net income | B. | | | |
| C. | Expenses attributable to intangible income (5% of total intangible income, excluding capital gains) | C. | | | |
| D. | Guaranteed payments to current or former partners, shareholders or members | D. | | | |
| E. | Amounts paid or accrued to a qualified self-employed retirement plan for current or former partners, | | | 1 | |
| F. | shareholders or members of non-C Corporation entities Amounts paid or accrued to or for health or life insurance for current or former partners, shareholders or members of non-C Corporation entities | E. F. | | | |
| G. | Depreciation recovery (non-C corporation entities are subject to IRC Section 291 depreciation recovery on Section 1250 property) | G. | | | |
| H. | Loss incurred by a pass-through entity owned directly or indirectly by a taxpayer and included in the taxpayer's federal taxable income unless the loss is included in the net profit of an affiliated group in accordance with ORC 718.06(E)(3)(b) | Н. | | | |
| I. | Real Estate Investment Trust (REIT) distributions | I. | | | |
| J. | Other – please list | J. | | | |
| тот | TOTAL ADDITIONS | | (Add Lines A – J) | | |
| | ITEMS NOT TAXABLE (DEDUCTIONS) | | | | |
| K. | Capital gains and IRC Section 1231 gains (do not deduct IRC Section 1245 and 1250 gains) | | | | |
| | Dividend income | K. | | | |
| L. | | L. | | | |
| M. | Interest income | M. | | - | |
| N. | Other intangible income as defined in ORC 718.01(S) | N. | | - | |
| Ο. | Net profit of a pass-through entity owned directly or indirectly by the taxpayer and included in the taxpayer's federal taxable income unless the net profit is included in the net profit of an affiliated group in accordance with ORC 718.06(E)(3)(b) | О. | | | |
| P. | Other – please list (Note: No deduction is allowed for federal tax credits) | P. | | | |
| тот | TOTAL DEDUCTIONS | | es K – P) | X-2 | |
| NE | T ADJUSTMENTS (X-1 MINUS X-2) ENTER | TOTAL ON PAGE 1 | 1 I INF 2 | | |
| IVL | ADDUCTMENTO (A-1 MINOCO A-2) | TOTAL ON TAGE | i, LiitL Z | | |
| sc | HEDULE Y – BUSINESS APPORTIONMENT FORMULA | | | | |
| | E | LOCATED EVERYWHERE (A) | | | PERCENTAGE (B / A) |
| STEF | P 1. Original Cost of Real and Tangible Personal Property | | | | , , |
| | Gross Annual Rents Paid Multiplied by 8 | | | | |
| | TOTAL STEP 1 | | | | |
| STEF | 2. Wages, Salaries and Other Compensation Paid | | | | |
| | 23. Gross Receipts from Sales Made and/or Work or Services Performed | | | | 9 |
| | P 4. Total Percentages (Add Percentages from Steps 1 – 3) P 5. Apportionment Percentage (Divide Step 4 by Number of Percentages Used) ENTER ON PAGE 1, LINE 6 | | | | 9 |
| | | | | | |
| SCI | HEDULE Y-1 RECONCILIATION TO FORM KW-3 (WITHHOLDING RECONCILIATION) | | | | |
| | otal wages allocated to Kettering (from federal return or apportionment formula) | | | | |
| (B) Total wages shown on Form KW-3 (City of Kettering Annual Withholding Reconciliation) | | | | | |
| (C) D | Difference (B minus A) | | (| C) | |
| Pleas | se explain any difference reflected on Line C above: | | | | |
| | | | | | |