

**2023**  
**CITY OF KETTERING**  
**BUSINESS TAX RETURN**  
**CALENDAR YEAR DUE ON OR BEFORE APRIL 15, 2024**  
**FISCAL YEAR \_\_\_\_\_ TO \_\_\_\_\_**  
Fiscal Year Due on the 15th Day of the Fourth Month After the Close of the Period



Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Kettering Account Number: \_\_\_\_\_  
FEIN: \_\_\_\_\_  
Did you file a city return last year: Yes  No   
**Filing Status:**  
C-Corporation.....  S-Corporation.....   
Partnership.....  Fiduciary (Trusts or Estates)   
**Should your account be inactivated?** Yes  No   
If yes, please explain: \_\_\_\_\_

**A copy of the Federal Income Tax Return (ie. 1120, 1120-S, 1065 or 1041) must be attached.**

**Part 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. Net operating loss carryforward (Enter amount from NOL Worksheet Step 2[C])	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. Kettering Income Tax (Line 7 multiplied by 2.25%)		8.
9a. Estimates Paid/Extension Payment	9a.	
9b. Prior Year Credit	9b.	
10. Total Payments and Credits (Line 9a plus Line 9b)		10.
11. Balance Due/(Overpayment) (Line 8 minus Line 10)		11.
12. Penalty Due (15% of all tax not timely paid)		12.
13. Interest Due (Imposed on all tax not timely paid)		13.
14. Late Filing Penalty (\$25.00 regardless of balance due on Line 11)		14.
15. <b>Total Due (Total of Lines 11, 12, 13, and 14) – If \$10.00 or less, enter \$0.00</b>		15.
16. Overpayment from Line 15	16.	
17. <b>Amount to be Refunded – If \$10.00 or less, enter \$0.00</b>	17.	
18. Credit to Next Year	18.	

**Part B – Declaration of Estimated Tax for 2024 – Must be completed by taxpayers who anticipate a net tax liability of \$200.00 or more**

19. Total Estimated Income Subject to Tax		19.
20. Kettering Income Tax Declaration (Line 19 multiplied by 2.25%)		20.
21. Declaration Due (Multiply Line 20 by 22.5%)		21.
22. Less: Overpayment from Prior Year (from Line 18 above)		22.
23. Net Estimated Tax Due with this Return (Line 21 minus Line 22) – subsequent estimated payments are due by 6/15, 9/15, 12/15; fiscal filers – see instructions		23.

**24. TOTAL AMOUNT DUE – Add Lines 15 and 23. Make checks payable to City of Kettering.**  
Credit card, debit card and electronic check payments can be made at [www.ketteringoh.org](http://www.ketteringoh.org).

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.**

Signature of Officer or Agent \_\_\_\_\_ Date \_\_\_\_\_

Signature of Person Preparing the Return \_\_\_\_\_ Date \_\_\_\_\_

Name and Title \_\_\_\_\_

Name of Person Preparing the Return \_\_\_\_\_

Preparer Phone Number \_\_\_\_\_

Preparer Email Address \_\_\_\_\_

**SCHEDULE X**

**ADDITIONS**

A. Capital losses and IRC Section 1231 losses	A.	
B. Taxes on or measured by net income	B.	
C. Guaranteed payments to current or former partners or members (if not already included in net profits)	C.	
D. Expenses attributed to intangible income (5% of total intangible income, excluding capital gains)	D.	
E. Amounts paid or accrued to a qualified self-employed retirement plan, health insurance and life insurance for owners or owner-employees of non C-Corporation entities	E.	
F. Charitable contributions and/or Section 179 expense deducted above corporate limitations	F.	
G. 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)	G.	
H. Any deduction for pass-through entities not allowed as a deduction for C-Corporation under the Internal Revenue Code (ie. Section 163(j) interest expense and 754 basis adjustments)	H.	
I. Other expenses not deductible (attach documentation or explanation)	I.	
<b>J. TOTAL ADDITIONS – Add Lines A through I</b>	<b>J.</b>	

**DEDUCTIONS**

K. Capital gains and IRC Section 1231 gains (do not deduct IRC Section 1245 and 1250 gains)	K.	
L. Dividend income	L.	
M. Interest income	M.	
N. Other intangible income as defined in ORC 718.01(S)	N.	
O. 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)	O.	
P. Other (attach documentation or explanation) <b>(Do not include any deductions for federal tax credits.)</b>	P.	
<b>Q. TOTAL DEDUCTIONS – Add Lines K through P</b>	<b>Q.</b>	

**NET ADJUSTMENTS – Subtract the total on Line Q from Line J**

**ENTER TOTAL ON PAGE 1, LINE 2**

**SCHEDULE Y – BUSINESS APPORTIONMENT FORMULA**

**ORC 718.021 Election to apportion to qualifying reporting location**

	LOCATED EVERYWHERE (A)	LOCATED IN KETTERING (B)	PERCENTAGE (B / A)
<b>STEP 1.</b> Original Cost of Real and Tangible Personal Property	_____	_____	
Gross Annual Rents Paid Multiplied by 8	_____	_____	
<b>TOTAL STEP 1</b>	_____	_____	_____%
<b>STEP 2.</b> Wages, Salaries and Other Compensation Paid	_____	_____	_____%
<b>STEP 3.</b> Gross Receipts from Sales Made and/or Work or Services Performed	_____	_____	_____%
<b>STEP 4.</b> Total Percentages (Add Percentages from Steps 1 – 3)			_____%
<b>STEP 5.</b> Apportionment Percentage (Divide Step 4 by Number of Percentages Used) <b>ENTER ON PAGE 1, LINE 6</b>			_____%

**SCHEDULE Y-1 RECONCILIATION TO FORM KW-3 (WITHHOLDING RECONCILIATION)**

(A) Total wages allocated to Kettering (from federal return or apportionment formula) ..... (A) \_\_\_\_\_  
 (B) Total wages shown on Form KW-3 (City of Kettering Annual Withholding Reconciliation) ..... (B) \_\_\_\_\_  
 (C) Difference (B minus A) ..... (C) \_\_\_\_\_

Please explain any difference reflected on Line C above: \_\_\_\_\_

Leased Employees: \_\_\_\_\_ YES \_\_\_\_\_ NO If yes, please provide the name, address, and FEIN of the leasing company: \_\_\_\_\_

Contract Labor: \_\_\_\_\_ YES \_\_\_\_\_ NO If yes, attach copies of all Forms 1099-MISC and/or 1099-NEC