

CITY OF MIAMISBURG / AUSTIN CENTER JEDD / MIAMI CROSSING JEDD BUSINESS NET PROFIT TAX RETURN

Calendar	Year 2020 or Fisc	al Period		to	_
Due on or before April 15, 2	021 or by the 15 th	day of the fou	rth month f	ollowing the end	of your fiscal year.
Mail Completed Forms	To: Income Tax –	City of Miamisk	ourg, 10 N F	First St., Miamisl	ourg, OH 45342
Federal Employer Identification Number	: Physical Location	on Address in City	//JEDD:	Check One:	Corporation S-Corp
					Other
Company Name & Address (include D)BA):	Tax District: □	City of Miam	isburg □ Austin 0	Center JEDD
			Miami Cross	-	
		Business Co	ntact Name: .		
		Contact Pho	na Numhar		
			_	ıring the year, pleas	e indicate:
		1 -			
	_		dress		
TOTAL INCOME PER ATTACHED FE	ENEDAL DETLIDAL(Se		11633		1.
ITEMS NOT DEDUCTIBLE (From Sch	•	,	İ	2.	1.
ITEMS NOT TAXABLE (From Schedu	•	· ,	ļ	3.	
4. ENTER SUM OF SCHEDULE X ITEM	· -	•	amounts shoul) 4.
	•	•		·	5.
5. ADJUSTED FEDERAL TAXABLE INCOME (Sum of Line 1 and Line 4. If a loss, see Instructions.)6. NET LOSS CARRYFORWARD (See Instructions for requirements.)					6.
7. CITY / JEDD TAXABLE INCOME (Sum of Line 5 and Line 6)					7.
8. PERCENT ALLOCABLE TO CITY / JEDD (From Schedule Y, Step 5, on page 2)					8. %
9. INCOME ALLOCABLE TO CITY / JEDD INCOME TAX (Multiply Line 7 by Line 8) 9. INCOME ALLOCABLE TO CITY / JEDD INCOME TAX (Multiply Line 7 by Line 8)					9.
10. CITY / JEDD INCOME TAX AMOUNT (Multiply Line 9 by 2.25%)					10.
11. A. ESTIMATES PAID ON THIS YEAR'S LIABILITY 11A.					
B. CREDITS APPLIED FROM 2019 TO THIS YEAR'S LIABILITY 11B.					
C. TOTAL CREDITS (Line 11A plus	Line 11B)				11C.
12. TAX AMOUNT DUE (IF Line 10 is gr	reater than Line 11C, s	subtract Line 11C f	rom Line 10)		12.
13. Late Filing Separate Penalty Late Pmt Penalty	\$ Late Pm	t \$	Underestimat Penalty	ion \$	13.
14. BALANCE DUE FOR 2020 (Add Line Note: No payment due if Line 14 is l	es 12 and 13) (Do not :	stop here. Complet	,	below)	14.
15. OVERPAYMENT, IF Line 10 is less t Note: No refund or credit carry forw	han Line 11C, subtract			15.	
•	FUND \$		TO 2021	\$	_
	DECLARATION OF	"			
16. Total income subject to tax \$, multiply			16.	
17. LESS: CREDIT from Line 15 above					
18. Net Taxes Owed (Line 16 minus Line 17) (Quarterly statements will not be mailed but are available online.) 18. (Quarterly statements will not be mailed but are available online.)					
19. AMOUNT PAID WITH THIS DECLARATION for 1st Quarter Estimated Tax (See Instructions)					19.
20. TOTAL AMOUNT PAYABLE TO CIT		`		,	20.
The undersigned declares this return (& act that the figures used herein are the same a purposes, and if an audit is made which af If this return was prepared by a Tax Prepa Office - ☐ YES ☐ NO	ccompanying schedule as used for Federal Ind fects tax liability showr	es) is a true, correct come Tax purposes n on this return, an	t and complete s, adjusted to amended retu	the Ordinance requirers irn will be filed within	le period stated and ements for local tax three months.
Signature of Taxpayer or Agent	Date	Signature of Prepa	arer, if other tha	an Taxpayer	Date
Name and Title	Phone Number	Nam	ne and Title		Phone Number



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Caleflual Teal 2020 of Fiscal Feriou to	Calendar Year 2020 or Fiscal Period	to
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Due on or before April 15, 2021 or by the 15th day of the fourth month following the end of your fiscal year.

Mail Completed Forms To: Income Tax – City of Miamisburg, 10 N First St., Miamisburg, OH 45342

	SCHEDULE X – RECONCILIATION WITH FEDERAL INCOME TAX RETURN, AS REQUIRED BY ORC 718				
	ITEMS NOT DEDUCTIBLE	ADD		ITEMS NOT TAXABLE	DEDUCT
A.	Federally deducted losses from IRC Section 1221 or 1231 property dispositions.		K.	Federally reported income & gains from IRC Section 1221 or 1231 property dispositions, except to the extent the income and gains apply to those described in IRC Section 1245 or 1250	
B.	5% of amount deducted as intangible income, except that from IRC 1221 property dispositions		Π.	Federally reported intangible income such as, but not limited to interest, dividends, and patent & copyright income. Excludes prizes, awards, lottery winnings, or other income associated with games of chance.	
C.	Taxes paid based on income		M.	Not previously deducted IRC Sec 179 Expense (Attach Schedule)	
D.	Federal deducted dividends, distributions, or amounts set aside for, credited to or distributed to REIT or RIC investors		N.	Not previously deducted Partnership, S Corp, LLC charitable contributions (Attach Schedule)	
E.	Federally deducted amounts paid or accrued to or for qualified self-employed retirements plans, health insurance plans, and the insurance plans for owners or owner-employees of non-C corporation entities		Ο.	Domestic production activity deduction (See Instructions; Attach Form 8903)	
F.	Partnership, S Corp, LLC charitable contributions, if limited to 10% of FTI		Ъ	Net profit of a pass-through entity owned directly or indirectly by the taxpayer (See Instructions)	
G.	IRC Section 179 expenses, if limited, for Partnerships, S Corps, LLCs		Q.	Other:	
H.	Loss incurred by a pass-through entity owned directly or indirectly by a taxpayer (See Instructions)				
I.	Other:				
	J. TOTAL ADDITONS (enter on page 1, Line 2)			R. TOTAL DEDUCTIONS (enter on page 1, Line 3)	

SCHEDULE Y - BUSINESS ALLOCATION FORMULA

The Business Allocation Formula is to be used by taxpayers who have a place or places of business outside City / JEDD to determine the portion of the net profits attributed to that part of the business within the boundaries of City / JEDD.

		A. LOCATED EVERYWHERE	B. LOCATED IN CITY / JEDD	C. PERCENTAGE (DIVIDE 'B' BY 'A')
Step 1	Average original cost of real & tangible personal property	\$	\$	
	Gross annual rentals multiplied by 8	\$	\$	
	Total Step 1	\$	\$	%
Step 2	Gross receipts from sales and work or services	\$	\$	%
Step 3	Total qualifying wages, salaries, commissions and other compensation for all employees	\$	\$	%
Step 4	TOTAL PERCENTAGE %			
Step 5	p 5 AVERAGE PERCENTAGE Divide Total Percentage by the number of percentages used. Enter on page 1, Line 6			
				%

SCHEDULE Y-1 - RECONCILIATION TO FORM W-3, WITHHOLDING RECONCILIATION

Total wages allocated to City / JEDD (From Federal Return or allocation for	ormula) \$
Total wages shown on Form W-3 (Withholding reconciliation)	\$
Please explain any difference:	
Are any employees leased in the year covered by this return?	
\square No \square Yes - If yes, then provide name, address and FID number	of the leasing company in the space below.
Were 1099-MISC forms issued for work completed in City / JEDD?	□ No □ Yes - If yes, attach copies to this return.