

Name and Title

CITY OF MIAMISBURG / AUSTIN CENTER JEDD / DAYTON MALL JEDD BUSINESS INCOME TAX RETURN

Calendar Year 2019 or Fiscal Period Due on or before April 15, 2020 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 Federal Employer Identification Number: Physical Location Address in City / JEDD: Check One: ☐ Corporation ☐ S-Corp ☐ Partnership ☐ Other Company Name & Address (include DBA): Tax District:
City of Miamisburg
Austin Center JEDD ☐ Dayton Mall JEDD Business Contact Name: Contact Phone Number: If your business moved during the year, please indicate: Date of move Previous Address 1. TOTAL INCOME PER ATTACHED FEDERAL RETURN (See Instructions) 2. ITEMS NOT DEDUCTIBLE (From Schedule X, Line J, on page 2) 3. 3. ITEMS NOT TAXABLE (From Schedule X, Line R, on page 2) 4. ENTER SUM OF SCHEDULE X ITEMS (Deduct Line 3 from Line 2. Negative amounts should be in parentheses) 5. ADJUSTED FEDERAL TAXABLE INCOME (Sum of Line 1 and Line 4. If a loss, see Instructions.) 5. 6. NET LOSS CARRYFORWARD (See Instructions for requirements.) 6. 7. 7. CITY / JEDD TAXABLE INCOME (Sum of Line 5 and Line 6) 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. 10. 10. CITY / JEDD INCOME TAX (Multiply Line 9 by 2.25%) 11. A. ESTIMATES PAID ON THIS YEAR'S LIABILITY 11A B. CREDITS APPLIED FROM 2018 TO THIS YEAR'S LIABILITY 11B. 11C. C. TOTAL CREDITS (Line 11A plus Line 11B) 12. TAX AMOUNT DUE (IF Line 10 is greater than Line 11C, subtract Line 11C from Line 10) 12. 13. Late Filing Underestimation Late Pmt Late Pmt \$ 13. Penalty Penalty Interest 14. BALANCE DUE FOR 2019 (Add Lines 12 and 13) (Do not stop here. Complete Lines 16-20 below) Note: No payment due if Line 14 (which includes both Lines 12 & 13) is less than \$10.01. 14 15. OVERPAYMENT, IF Line 10 is less than Line 11C, subtract Line 10 from Line 11C Note: No refund or credit carry forward for amounts that are less than \$10.01. 15. REFUND \$ **CREDIT TO 2020** \$ **DECLARATION OF ESTIMATED TAX FOR 2020** 16. Total income subject to tax \$, multiply by **2.25%** 16. 17. LESS: CREDIT from Line 15 above 17. 18. Net Taxes Owed (Line 16 minus Line 17) (Quarterly statements will not be mailed but are available online.) 18. 19. AMOUNT PAID WITH THIS DECLARATION for 1st Quarter Estimated Tax (See Instructions) 19. 20. TOTAL AMOUNT PAYABLE TO CITY OF MIAMISBURG (Add Lines 14 and 19) The undersigned declares this return (& accompanying schedules) is a true, correct and complete return for the taxable period stated and that the figures used herein are the same as used for Federal Income Tax purposes, adjusted to the Ordinance requirements for local tax purposes, and if an audit is made which affects tax liability shown on this return, an amended return will be filed within three months. If this return was prepared by a Tax Preparer, I am authorizing them to disclose information concerning this return to the City / JEDD Tax Office - | YES | NO Signature of Taxpayer or Agent Signature of Preparer, if other than Taxpayer Date Date

Phone Number

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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			
В.	5% of amount deducted as intangible income, except that from IRC 1221 property dispositions		L.	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		О.	Domestic production activity deduction (See Instructions; Attach Form 8903)			
F.	Partnership, S Corp, LLC charitable contributions, if limited to 10% of FTI		Р	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				
	Divide Total Percentage by the numb	%		

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

CONTEDUCE I I RECONSILIATION TO FORM IN CONTINUED INCOMPANIENT CONTINUED IN CONTINU							
Total wages allocated to City / JEDD (From Federal Return or allocation 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?							
☐ No ☐ 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	\square Yes - If yes, attach copies to this re	eturn.				