Page 1

Mail returns to: <b>RIT</b> <u>With payment</u> : PO Box 94582 Cleveland, OH 44101 <i>Phone</i> : 800-860-7482 www.ritaohio.com	<u>Without payment</u> : PO Box 89475 Cleveland, OH 4410 Fax: 866-252-0938	<ul> <li>Due on or before April 15, 202 month following the end of the</li> <li>Make check or money order pa</li> <li>A penalty of \$25 may be charg</li> <li>Questions? Please call us at (website at www.montgomeryol</li> </ul>	fiscal year. ayable to the City of Montgomery led for late filing of this return 513) 792-8333, or visit our
Taxpayers Name			
		Fiscal Year From:	
Address		Business phone #	
		Federal identification #	
		Email address:	
		Federal extension Yes D No D Ex	xpires
		Permission to contact preparer directly? Y Preparer name and phone:	′es 🗌 No 📃
Should your account be inactivated?	NO If Yes, please explain:		
<ol> <li>Adjusted Federal Taxable Income. A copy of the Federal r</li> <li>Adjustments (Line N, Schedule X, from Page 2)</li></ol>	Line 2) ap 5, Schedule Y, page 2) d Tax ompany this return or credited \$ payment due. No refunds	\$\$	\$ \$ \$ \$ \$ \$ \$
	P chaity \$	Interest \$	I Utal \$
Card #			erification Code
Declaration of Estimated Tax for	Year 2024—MANDAT	ORY IF ESTIMATED TAX IS \$2	00 OR GREATER
13. Estimated total income subject to tax \$	Multiply income by tax rate of 1	% for gross tax of	\$
14. Less expected tax credits		_	
Payments to another municipality (may not exceed 1%			¢
15. Net 2024 estimated tax due (Line 13 less Line 14)			\$
Note: Minimum of 90% of tax liability is due by the 15th day	-		
16. First Quarter Estimate Payment (Subsequent payments due t	he 15th of the 6th, 9th and 12th n	oonth after the beginning of the taxable year)	
a. Amount due with this declaration (not less than 22.5			
b. Less overpayment from prior year (from Line 11 ab	ove)	····· \$	
c. Net First Quarter Estimate payment			»
17. Total enclosed payment (Line 10 plus Line 16c)			
I certify that I have examined this return (including accompanying a If prepared by a person other than taxpayer, the declaration is bas	schedules and statements) and to sed on all information of which pre	the best of my knowledge and belief it is true, parer has any knowledge.	correct and complete.
Signature of Person Preparing if Other than Taxpayer	Date Signat	ure of Taxpayer or Agent (Required)	Date
Address Telepho	ne Number Title, it	signing for a Business	

## City of Montgomery Business Income Tax Return 2023 Page 2

All appropriate federal schedules and forms **must** be attached. A return is **not** complete unless schedules and forms are included. **For rental property located within the City of Montgomery, a tenant listing must be attached**\*.

	Schedule X—R	econciliation w	vith Federal Income Tax Return	
	Items not deductible	Add	Items not taxable	Deduct
A.	Capital losses and IRC Sec 1221 or 1231 losses	\$	I. Capital Gains and IRC Sec 1221 or 1231 gains	\$
В.	Tax on or measured by net income	\$	(do not deduct IRC Sec 1245 and 1250 gains)	·
C.	Guaranteed payments to current or former partners, shareholders or members	\$	J. Intangible income (includes, but not limited to) interest, dividends, copyright & patent income	
D.	Expenses attributable to intangible income (5% of Line I)	\$	K. Other intangible income as defined in ORC Section	
E.	Amounts paid or accrued for qualified self-employed		718.06 (E) (3) (b)	\$
	retirement plans, health or insurance plans for current or former partners, shareholders or members of non-C Corporation entities	\$	L. Other income (explain)	\$
F	Real Estate Investment Trust (REIT) distributions	\$	M. Total deductions	\$
G.	Other (explain)	\$	N. Total Lines H and M and enter on Page 1, Line 3	\$
H.	Total additions	\$		

## Schedule Y—Business Apportionment Formula

Step 1. Original cost of real and tangible personal property	A. Located everywhere	B Located in this City		
Step 1. Original cost of real and tangible personal property		B. Ecolator in the only	C. Percentage (B/A)	
				%
Gross annual rentals paid multiplied by 8				
Total step 1				%
Step 2. Gross receipts from sales made and/or work or services performed				%
Step 3. Wages, salaries and other compensation paid (See Schedule Y-1 **)				%
Step 5. Average percentage (divide total percentage by numb	per of percentages used	l and enter on line 6)		%
Total wages allocated to Montgomery (from Federal return or apportion Total wages shown on Form W-3 (Withholding Reconciliation)		\$		
Leased Employees: If any employees were leased in the year cove		provide leasing company		
	red by this return, please	provide leasing company	information below:	
Leased Employees: If any employees were leased in the year cove	red by this return, pleaseAddress:		information below:	
Leased Employees: If any employees were leased in the year cove Name:	red by this return, please Address:		information below:	

Extension policy: Extensions will be granted for filing of the annual return, provided an IRS extension has been secured first. A copy of the Federal extension requests must be attached to the return when filed. Only those extension requests received in duplicate with a self-addressed, postpaid envelope will have a copy returned after being appropriately marked.