

<b>City of Oakwood Income Tax</b> 30 Park Avenue Oakwood Ohio 45419 Phone: (937) 298-0531 Fax: (937) 297-2940 www.oakwoodohio.gov	<b>Business Tax Return</b>  <b>2018</b> OR FISCAL YEAR _____ TO _____  <small>Calendar Year Taxpayers file on or before April 15, 2019          Fiscal Year Due on 15<sup>th</sup> Day of the 4<sup>th</sup> Month After Year End</small>	<b>FOR OFFICIAL USE ONLY</b>
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Did you file an Oakwood tax return last year? <input type="checkbox"/> YES <input type="checkbox"/> NO		
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Account Number _____ EIN _____ - _____  Name _____ Address _____  City/State/Zip _____  <b>ATTACH A COPY OF YOUR FEDERAL RETURN</b>	<b>Federal Filing Status (check one):</b> <input type="checkbox"/> C-Corporation <input type="checkbox"/> S-Corporation <input type="checkbox"/> Partnership/Association <input type="checkbox"/> Non-Profit <input type="checkbox"/> Fiduciary (Trusts and Estates) <hr/> <b>Check if applicable:</b> <input type="checkbox"/> Amended Return <input type="checkbox"/> Final Return <input type="checkbox"/> Consolidated Return
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<b>Part A</b>	<b>TAX CALCULATION</b>
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1.	Municipal Taxable Income Before NOL (Page 2, Line 5) .....	\$	
2.	Pre-apportioned municipal NOL carryover from 2017 ..... (subject to 50% limitation) .....	\$	
3.	Municipal Taxable Income (Line 1 less Line 2) .....	\$	
4.	Apportionment Percentage (From Schedule Y) _____ % .....		
5.	Oakwood Taxable Income (Multiply Line 3 by Line 4) .....	\$	
6.	Oakwood Income Tax (Multiply Line 5 by 2.5% [.025]) .....	\$	
7 a.	Estimated Tax Payments .....	\$	
7 b.	Carryover Credit From Prior Years.....	\$	
8.	Total Payments and Credits (Lines 7a + 7b) .....	\$	
9.	Balance of Tax Due (Line 6 less Line 8)...(No tax due or refunded if \$10.00 or less) .....	\$	
10.	Late filing penalty _____ Late payment penalty _____ Interest _____	\$	
11.	TOTAL LIABILITY FOR THIS YEAR (Line 9 plus Line 10) .....	\$	
12.	Overpayment - If Line 9 is negative, indicate:		
12 a.	Amount to be refunded (Amounts less than \$10.01 will not be refunded).....	\$	
12 b.	Credit to next year (Amounts less than \$10.01 will not be carried forward).....	\$	

<b>Part B</b>	<b>2019 DECLARATION OF ESTIMATED TAX - Mandatory if anticipate a net tax liability of \$200.00 or more</b>
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13.	Total estimated income subject to tax \$ _____ x 2.5% for tax of .....	\$	
14.	Less overpayment from prior year (Line 12 b above) .....	\$	
15.	Net tax due (Line 13 less Line 14) .....	\$	
16.	AMOUNT PAID WITH THIS DECLARATION (Line 15 x 25%) *	\$	
17.	<b>TOTAL AMOUNT DUE</b> — (Line 11 (tax due only) plus Line 16) (Make checks payable to the City of Oakwood).....	\$	

*\* Subsequent estimated payments are due by the 15<sup>th</sup> day of the 6<sup>th</sup>, 9<sup>th</sup> and 13<sup>th</sup> months after the beginning of the taxable year.*

If this return was prepared by a tax practitioner, check here if we may contact them directly with questions regarding this return

The undersigned declares that this return (and 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.

_____ Signature of Person Preparing Return	_____ Date	_____ Signature of Officer or Agent	_____ Date
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_____ Address of Person Preparing Return	_____ Phone Number	_____ Name and Title	_____ Phone Number
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**SCHEDULE X—RECONCILIATION WITH FEDERAL INCOME TAX RETURN**

<b>1. Federal taxable income before net operating losses and special deductions per attached federal return (form 1120 Line 28; form 1120S, Schedule K, Line 18; form 1065, Schedule K, Page 5, Line 1; form 1041, Line 17; 990T, Line 30; form 1120-REIT, Line 20)</b>	<b>1</b>
<b>2. Items not deductible ( from line 6 below )</b>	<b>2</b>
<b>3. Items not taxable (from line 7 below)</b>	<b>3 (            )</b>
<b>4. Subtract line 3 from line 2 and enter the result here</b>	<b>4</b>
<b>5. Municipal taxable income before NOL ( add lines 1 and 4. Enter result on Page 1, Line 1)</b>	<b>5</b>

**ITEMS NOT DEDUCTIBLE**

<b>6. Capital losses and IRC Section 1231 losses</b>	
Taxes based on income	
Expenses attributable to intangible income (5% of total intangible income, excluding capital gains)	
Amounts paid or accrued to a qualified self-employed retirement plan for current or former partners, shareholders or members	
Amounts paid or accrued to or for health or life insurance for current or former partners, shareholders or members	
Depreciation recovery (non-C corporations are subject to IRC Section 291 depreciation recovery on section 1250 property)	
Loss incurred from 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 ORC 718.06(E)(3)(a)&(b)	
Other – Please list	
<b>TOTAL – Enter on Line 2 above</b>	<b>6</b>

**ITEMS NOT TAXABLE**

<b>7. Capital gains and IRC Section 1231 gains (do not include IRC Section 1245 and 1250 gains)</b>	
Dividend income	
Interest income	
Other intangible income as defined in ORC 718.01(S)	
Net profit of a pass-through entity owned directly or indirectly by a taxpayer and included in the taxpayer's federal taxable income unless the net profit is included in the net profit of an affiliated group ORC 718.06(E)(3)(a)&(b)	
Other – Please list	
<b>TOTAL – Enter on Line 3 above</b>	<b>7</b>

**SCHEDULE Y—BUSINESS APPORTIONMENT FORMULA**

(A factor may be excluded only when that factor does not exist anywhere)

	A. Located Everywhere	B. Located in Oakwood	0.0000% Col B / Col A
STEP 1. Average original cost of real and tangible personal property.....	_____	_____	
Gross annual rents paid multiplied by 8.....	_____	_____	
TOTAL STEP 1.....	_____	_____	%
STEP 2. Qualifying wages, salaries, and other compensation paid.....	_____	_____	%
STEP 3. Gross receipts from sales made and services performed.....	_____	_____	%
STEP 4. Total percentages (Add percentages from Steps 1-3).....	_____	_____	%
STEP 5. Average percentage (Divide total percentage by number of percentages used – Enter on Page 1, Line 4) .....	_____	_____	%

<b>8. Total wages, salaries and other compensation excluded in Step 2 above due to ORC 718.011.</b>	Everywhere	\$
	Oakwood	\$
<b>9. Were any employees leased during the year covered by this return? If yes, attach statement providing name, address and federal identification number of the leasing company.</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	