

City of Oakwood, Ohio P. O. Box 632195 Cincinnati, OH 45263-2195 Phone: (937) 298-0531 Fax: (937) 297-2940 www.oakwoodohio.gov	Business Tax Return 2023 OR FISCAL YEAR _____ TO _____ <small>Calendar Year Taxpayers file on or before April 15, 2024 Fiscal Year Due on 15th Day of the 4th Month After Year End</small>	FOR OFFICIAL USE ONLY
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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 _____ ATTACH A COPY OF YOUR FEDERAL RETURN	Federal Filing Status (check one): <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) Check if applicable: <input type="checkbox"/> Amended Return <input type="checkbox"/> Final Return <input type="checkbox"/> Consolidated Return
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Part A	TAX CALCULATION
1. Municipal Taxable Income Before NOL (Page 2, Line 5)	\$
2. Pre-apportioned municipal NOL carryover from prior years (attach schedule)	\$
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/Extension Payment.....	\$
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).....	\$

Part B	2024 DECLARATION OF ESTIMATED TAX - Mandatory if anticipate a net tax liability of \$200.00 or more
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. TOTAL AMOUNT DUE — (Line 11 (tax due only) plus Line 16) (Make checks payable to the City of Oakwood).....	\$

Check here if payment was made on line ☐

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
Address of Person Preparing Return	Phone Number	Name and Title	Phone Number

SCHEDULE X—RECONCILIATION WITH FEDERAL INCOME TAX RETURN

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 6, Line 1; form 1041, Line 17; 990T, Line 5; form 1120-REIT, Line 21)	1	
2. Items not deductible (from line 6 below)	2	
3. Items not taxable (from line 7 below)	3	()
4. Subtract line 3 from line 2 and enter the result here	4	
5. Municipal taxable income before NOL (add lines 1 and 4. Enter result on Page 1, Line 1)	5	

ITEMS NOT DEDUCTIBLE

6. Capital losses and IRC §1231 losses		
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, health and life insurance plans for current or former partners, shareholders or members (ORC §718.01(E)(10))		
Charitable contributions, §179 expense deducted above C-Corporation limits		
Depreciation recovery (non-C corporations are subject to IRC §291 depreciation recovery on §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 §718.01(E)(10))		
Pass-thru entity deductions not permissible as a C Corporation deduction (e.g. §163(j) interest expense and §754 basis adjustments.)		
Other – Attach documentation or explanation		
TOTAL – Enter on Line 2 above	6	

ITEMS NOT TAXABLE

7. Capital gains and IRC §1231 gains (do not include IRC §1245 and §1250 gains)		
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 §718.01(E)(9)		
Other – Attach documentation or explanation		
TOTAL – Enter on Line 3 above	7	

SCHEDULE Y—BUSINESS APPORTIONMENT FORMULA

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

☐ Election to apportion to qualifying reporting location
ORC §718.021
A. Located EverywhereB. 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 (Do not include contract labor).....	_____	_____	%
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)	_____	_____	%

8. Total wages, salaries and other compensation excluded in Step 2 above due to ORC 718.011.	Everywhere	\$
	Oakwood	\$
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.	<input type="checkbox"/> YES <input type="checkbox"/> NO	