

BUSINESS INCOME TAX RETURN MADEIRA

MAKE CHECK OR MONEY ORDER TO:
CITY OF MADEIRA TAX OFFICE

7141 MIAMI AVENUE
CINCINNATI OH 45243

Voice 513-272-4212 Fax 513-272-4211
tax@madeiracity.com

Fiscal Period _____ to _____

YEAR: _____
DUE: April 15th or 4 Months After Yearend
ATTACH A COPY OF YOUR FEDERAL

| | |
|--|------------------------------------|
| Federal ID# | |
| Business Telephone No. | |
| Principal Business Activity NAICS Code | |
| IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES | |
| INTO / / | OUT OF / / |
| CHECK ONE | |
| <input type="checkbox"/> CORPORATION | <input type="checkbox"/> ESTATE |
| <input type="checkbox"/> SOLE PROPRIETOR | <input type="checkbox"/> TRUST |
| <input type="checkbox"/> PARTNERSHIP | <input type="checkbox"/> FIDUCIARY |
| <input type="checkbox"/> S-CORPORATION | |
| <input type="checkbox"/> OTHER _____ | |

Name _____
And _____
Address _____

| | | | |
|--|----|--|---|
| 1 Total taxable income | 1 | <input style="width: 95%;" type="text"/> | |
| 2 Adjustments (See Schedule X) | 2 | <input style="width: 95%;" type="text"/> | |
| 3 Taxable income before allocation (Line 1 plus/minus lines 2) | 3 | <input style="width: 95%;" type="text"/> | |
| 4 Allocation percentage (See Schedule Y) | 4 | <input style="width: 95%;" type="text"/> % | |
| 5 Adjusted Net Income (Multiply line 3 by line 4) | 5 | <input style="width: 95%;" type="text"/> | |
| 6 Allocable Net Loss Carry Forward | 6 | <input style="width: 95%;" type="text"/> | |
| 7 Madeira Taxable income (Line 5 minus Line 6) | 7 | <input style="width: 95%;" type="text"/> | |
| 8 Madeira income tax (Multiply line 7 by 1.000%) | 8 | <input style="width: 95%;" type="text"/> | |
| 9 Credits applied from previous year(s) to this year's liability | 9 | <input style="width: 95%;" type="text"/> | |
| 10 Estimates paid on this year's liability | 10 | <input style="width: 95%;" type="text"/> | |
| 11 Other credits | 11 | <input style="width: 95%;" type="text"/> | |
| 12 Total credits (Total line 9, 10 and 11) | | | 12 <input style="width: 95%;" type="text"/> |
| 13 Tax due (If line 8 is greater than line 12, subtract line 12 from line 8) If greater than 1.00 | | | 13 <input style="width: 95%;" type="text"/> |
| 14 Penalty | 14 | <input style="width: 95%;" type="text"/> | |
| 15 Interest | 15 | <input style="width: 95%;" type="text"/> | |
| 16 Total due (Total line 13, 14 and 15) | | | 16 <input style="width: 95%;" type="text"/> |
| 17 Overpayment (Issued if greater than 1.00) | | | 17 <input style="width: 95%;" type="text"/> |
| 18 Amount to be refunded | 18 | <input style="width: 95%;" type="text"/> | |
| 19 Amount to be credited to next year | 19 | <input style="width: 95%;" type="text"/> | |

Declaration of Estimate For _____

| | | | |
|--|----|--|---|
| 20 Total estimated income subject to tax | 20 | <input style="width: 95%;" type="text"/> | |
| 21 Estimated tax due. (Multiply line 20 by 1.000%) | | | 21 <input style="width: 95%;" type="text"/> |
| 22 Less credits (from 19 above) | | | 22 <input style="width: 95%;" type="text"/> |
| 23 Net estimated tax due (subtract line 22 from line 21) | 23 | <input style="width: 95%;" type="text"/> | |
| 24 Minimum amount due for first quarter (Multiply line 23 by .225) | | | 24 <input style="width: 95%;" type="text"/> |

Amount You Owe

| | | | |
|---|----|--|--|
| 25 Total amount due (add lines 16 and 24) | 25 | <input style="width: 95%;" type="text"/> | |
|---|----|--|--|

Tax Office Use Only : Tax Office Use Only : Tax Office Use Only

TaxPayer's Signature Date

Tax Preparer's Signature Date
(If other than taxpayer)

Phone No. _____

May CITY OF MADEIRA discuss this return with the preparer shown above ___Yes ___No

SCHEDULE X—RECONCILIATION WITH FEDERAL INCOME TAX RETURN

| ITEMS NOT DEDUCTIBLE | ADD | ITEMS NOT TAXABLE | DEDUCT |
|--|----------|---------------------------------------|----------|
| A. Capital Losses (Sec 1221 or 1231 included) | \$ _____ | H. Capital Gains..... | \$ _____ |
| B. Taxes on or measured by net income | _____ | I. Intangible income | _____ |
| C. Guaranteed Payments to partners, retired partners, members or other owners. | _____ | J. Other income exempt (Explain)..... | _____ |
| D. Expenses attributable to non-taxable income (5% of Line I.) | _____ | | _____ |
| E. Real Estate Investment Trust distributions..... | _____ | | _____ |
| F. Other..... | _____ | | _____ |
| | _____ | | _____ |
| G. Total additions..... | \$ _____ | K. Total deductions..... | \$ _____ |

L. Combine Lines G and K and enter net on Part A, Line 2 _____

SCHEDULE Y—BUSINESS APPORTIONMENT FORMULA

| | a. Located Everywhere | b. Located in Madeira | Percentage (b / a) |
|--|-----------------------|-----------------------|-----------------------|
| STEP 1. Original cost of real and tangible personal property..... | _____ | _____ | |
| Gross annual rentals paid multiplied by 8..... | _____ | _____ | |
| TOTAL STEP 1..... | _____ | _____ | % |
| STEP 2. Wages, salaries, and other compensation paid *See Schedule Y-1..... | _____ | _____ | % |
| 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—Carry to Part A, Line 4) | | | % |

***SCHEDULE Y-1 RECONCILIATION TO FORM W-3 (WITHHOLDING RECONCILIATION)**

| | |
|--|----------|
| Total wages allocated to Madeira (from Federal Return or apportionment formula)..... | \$ _____ |
| Total wages shown on Form W-3 (Withholding Reconciliation)..... | \$ _____ |

Please explain any difference:

Are there any employees leased in the year covered by this return? YES NO

If YES, please provide the name, address and FID number of the leasing company.

Name: _____

Address: _____

FID Number: _____