

BUSINESS INCOME TAX RETURN

CALENDAR YEAR _____ DUE BY APRIL 30 OF FOLLOWING YEAR
 FISCAL YEAR _____ TO _____ DUE 4 MONTHS AFTER FISCAL YEAR END

NAME and ADDRESS (Indicate Changes)

TYPE OF BUSINESS: Corporation Partnership
 "S" Corporation Other _____

Federal Employer Identification No.

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1. **TOTAL TAXABLE INCOME** (Per Copy Federal Form 1120, 1120S, 1065 or appropriate schedules attached)\$ _____
 2. ITEMS NOT DEDUCTIBLE (From Line M, Schedule X below) ADD _____
 3. ITEMS NOT TAXABLE (From Line Z, Schedule X below) DEDUCT _____
 4. ENTER EXCESS OF LINE 2 or 3..... _____
 5. ADJUSTED NET INCOME (Line 1 plus or minus Line 4)..... _____
 6. AMOUNT ALLOCABLE TO BUCYRUS (If Schedule Y is used, _____% of Line 5) _____
 7. **AMOUNT SUBJECT TO MUNICIPAL INCOME TAX**..... _____
 8. **BUCYRUS TAX DUE - 1.5%**\$ _____
 9. ESTIMATED PAYMENTS\$ _____
 10. PRIOR YEAR OVERPAYMENTS _____
 11. TOTAL CREDITS (Add Lines 9 AND 10) _____
 12. **BALANCE OF TAX DUE - (Subtract Line 11 from Line 8) (No tax due if less than \$2.01)**\$ _____
 13. OVERPAYMENT (If Line 11 exceeds Line 8)\$ _____
 14. REFUND CREDIT TO (year) (No refund or credit if less than \$2.01) _____
- ESTIMATED TAX** (See Instructions)
15. TOTAL (year) ESTIMATED TAX DUE _____
 16. QUARTERLY AMOUNT DUE (1/4 of Line 15) _____
 17. PRIOR YEAR CREDIT (Line 14) APPLIED TO FIRST QUARTERLY PAYMENT _____
 18. BALANCE OF QUARTERLY PAYMENT DUE (Line 16 minus Line 17)\$ _____
 19. PENALTY AND INTEREST LATE FILING FEE\$ _____
 20. **TOTAL DUE** (Add Lines 12 and 18) Make check or money order payable to **BUCYRUS INCOME TAX DEPT.**\$ _____

SCHEDULE X ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
A. CAPITAL LOSSES DEDUCTED (EXCLUDING ORDINARY LOSS)\$	\$ _____	N. CAPITAL GAINS (EXCLUDING ORDINARY INCOME)	\$ _____
B. EXPENSES ATTRIBUTABLE TO NON-TAXABLE INCOME	_____	O. INTEREST EARNED OR ACCRUED	_____
(IN ABSENCE OF ACTUAL RECORDS, USE 5% OF LINE Z)		P. DIVIDENDS.....	_____
C. TAXES BASED ON INCOME	_____	Q. INCOME FROM PATENTS AND COPYRIGHTS IF SUBJECT TO OHIO INTANGIBLE TAX	_____
D. NET OPERATING LOSS DEDUCTION PER FEDERAL RETURN	_____	S. JOBS CREDIT	_____
E. PAYMENTS TO PARTNERS	_____	T. OTHER INCOME EXEMPT FROM CITY TAX (EXPLAIN)	_____
F. SICK PAY NOT INCLUDED IN LINE 1 ABOVE	_____	Z. TOTAL DEDUCTIONS (ENTER AS LINE 2B ABOVE).....	_____
G. SPECIAL DEDUCTION	_____		
H. OTHER EXPENSES NOT DEDUCTIBLE (EXPLAIN)	_____		
M. TOTAL ADDITIONS (ENTER AS LINE 2A ABOVE).....	_____		

SCHEDULE Y - BUSINESS ALLOCATION FORMULA (See Instructions)

The business allocation formula is to be used only in the absence of books and records which will disclose with reasonable accuracy that portion of the net profits which is attributed to that part of the business within Bucyrus.

	A. Located Everywhere	B. Located in Bucyrus	C. Percentage (B ÷ A)
Step 1. Average value of real and tangible personal property	\$ _____	\$ _____	
Gross annual rentals multiplied by 8.....	\$ _____	\$ _____	
Total step 1	\$ _____	\$ _____	_____ %
Step 2. Gross receipts from sales and work or services performed (See instructions).....	\$ _____	\$ _____	_____ %
Step 3. Total wages, salaries, commissions, and other compensation of all employees.....	\$ _____	\$ _____	_____ %
Step 4. Total percentages			_____ %
Step 5. Average percentage (Divide total percentages by number of percentages used - enter on % Line 6 above.)			_____ %

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, and if an audit of Federal return is made which affects tax liability shown on this return, an amended return will be filed within 3 months.

Signature _____ (Title) _____ (Date) _____
 Preparer's signature (other than taxpayer) _____ (Date) _____

If this return was prepared by a tax practitioner, may we contact your practitioner directly with questions regarding the preparation of this return?
 YES NO

Address (and Zip Code) _____

MAKE CHECKS PAYABLE TO BUCYRUS INCOME TAX DEPT

ACCOUNT INFORMATION UPDATE

Complete all questions fully. The information below will be used to update information currently on file.

BUSINESS NAME _____

NATURE OF BUSINESS _____

BUCYRUS LOCATION _____

HOME OFFICE LOCATION _____

HOME OFFICE TELEPHONE _____ CONTACT _____

MAILING ADDRESS _____

FEDERAL IDENTIFICATION NUMBER _____

DATE BUSINESS BEGAN IN BUCYRUS _____

TYPE OF ENTITY (Corp, S Corp, Partnership, Assoc., etc.) _____

ACCOUNTING PERIOD _____ Calendar Year
_____ Fiscal Year (month ending _____)

NAME AND ADDRESS OF PARTY IN CHARGE OF BOOKS _____

DO YOU SUBCONTRACT LABOR TO PERFORM WORK IN BUCYRUS? _____ if YES, copies of 1099's or a statement containing the same information must be submitted no later than February 28 of each year. Failure to provide this information will result in a \$500.00 penalty.

DO YOU HAVE EMPLOYEES WORKING IN BUCYRUS? _____ If YES, copies of employee W-2 forms must be submitted no later than February 28 of each year.

IF YOU RENT PROPERTY IN BUCYRUS, NAME AND ADDRESS OF PERSON OR ENTITY THAT OWNS SAID PROPERTY

