

**BUSINESS - 2016
INCOME TAX RETURN
NEW CONCORD**

MAKE CHECK OR MONEY ORDER TO:
VILLAGE OF NEW CONCORD

2 West Main Street
P.O. Box 10
New Concord OH 43762

Voice 740-826-7671 Fax 740-826-7617
dkughn@newconcord-oh.gov

Fiscal Period _____ to _____

Federal Schedules MUST be attached to this return.

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		
2 Adjustments (See Schedule X)	2		
3 Taxable income before allocation (Line 1 plus/minus lines 2)	3		
4 Allocation percentage (See Schedule Y)	4		%
5 Adjusted Net Income (Multiply line 3 by line 4)	5		
6 Allocable Net Loss Carry Forward	6		
7 New Concord Taxable income (Line 5 minus Line 6)	7		
8 New Concord income tax (Multiply line 7 by 1.500%)	8		
9 Credits applied from previous year(s) to this year's liability	9		
10 Estimates paid on this year's liability	10		
11 Other credits	11		
12 Total credits (Total line 9, 10 and 11)		12	
13 Tax due (If line 8 is greater than line 12, subtract line 12 from line 8) If greater than 1.01		13	
14 Penalty	14		
15 Interest	15		
16 Total due (Total line 13, 14 and 15)		16	
17 Overpayment (Issued if greater than 1.01)		17	
18 Amount to be refunded	18		
19 Amount to be credited to next year	19		

Declaration of Estimate For 2017

20 Total estimated income subject to tax	20		
21 Estimated tax due. (Multiply line 20 by 1.500%)		21	
22 Less credits (from 19 above)		22	
23 Net estimated tax due (subtract line 22 from line 21)	23		
24 Minimum amount due for first quarter (Multiply line 23 by 25%)		24	

Amount You Owe

25 Total amount due (add lines 16 and 24)	25	
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Tax Office Use Only : Tax Office Use Only : Tax Office Use Only

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.

TaxPayer's Signature Date

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

Phone No. _____

CREDIT CARD INFORMATION FOR PAYMENT

  

ACCOUNT NUMBER _____

SECURITY PIN _____ CARD EXPIRATION ____/____/____

AMOUNT _____ CARD HOLDER SIGNATURE - SIGN HERE _____

May VILLAGE OF NEW CONCORD discuss this return with the preparer shown above ___Yes ___No

VILLAGE OF NEW CONCORD INCOME TAX RETURN

SCHEDULE C - PROFIT OF LOSS FROM BUSINESS OR PROFESSION

NOTE: IF COLUMN A IS USED, DISREGARD COLUMN B

1. NET PROFIT OF LOSS PER YOUR FEDERAL INCOME TAX RETURN FORM
2. ADD ITEMS NOT DEDUCTIBLE OR DEDUCT ITEMS NOT TAXABLE UNDER NEW CONCORD INCOME TAX ORDINANCE (SCHEDULE X)
3. ADJUSTED NET PROFIT
4. _____% (AS DETERMINED BY BUSINESS ALLOCATION FORMULA) OF LINE 4, COLUMN A
5. NET PROFIT - LINE 6, COLUMN A; OR LINE 3, COLUMN B (ENTER ON LINE 3 OF PAGE 1)

COLUMN A AS SHOWN BY FED RETURN	COLUMN B ALLOCABLE TO NEW CONCORD
\$	\$
\$	\$
\$	\$

SCHEDULE X - RECONCILIATION WITH FEDERAL INCOME TAX RETURN

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
A. PAYMENTS TO PARTNERS.....	\$	F. INTEREST RECEIVED.....	\$
B. ALL INCOME TAXES PAID OR ACCRUED.....		G. DIVIDENDS RECEIVED.....	
C. NET OPERATING LOSS PER FED RETURN.....		H. CAPITAL GAINS.....	
D. CAPITAL LOSSES.....		I. OTHER (EXPLAIN).....	
E. OTHER EXPENSES NOT DEDUCTIBLE (EXPLAIN)..			
TOTAL ADDITIONS		TOTAL DEDUCTIONS	
ENTER ON LINE 2, SCHEDULE C ABOVE.....	\$	ENTER ON LINE 3, SCHEDULE C ABOVE.....	\$

SCHEDULE Y - BUSINESS ALLOCATION FORMULA

	A. LOCATED EVERYWHERE	B. LOCATED IN NEW CONCORD	C. PERCENTAGE (B./A.)	
STEP 1. AVERAGE VALUE OF REAL & TANGIBLE PERSONAL PROPERTY	\$	\$	XXX.XXX	
GROSS ANNUAL RENTALS MULTIPLIED BY 8	\$	\$	XXX.XXX	
TOTAL STEP 1	\$	\$		%
STEP 2. NET SALES	\$	\$		%
STEP 3. WAGES, SALARIES PAID	\$	\$		%
STEP 4. TOTAL PERCENTAGES	XXXXXXXXXX	XXXXXXXXXXXX		%
STEP 5. AVERAGE PERCENTAGE (DIVIDE TOTAL % BY NUMBER OF % USED). CARRY TO LINE 5 - SCHEDULE C, ABOVE				%

SCHEDULE G - INCOME FROM RENTS NOT INCLUDED IN SCHEDULE C ABOVE (COPY FROM FED INCOME TAX SCHEDULE)

	AMOUNT OF RENT	DEPRECIATION	REPAIRS	OTHER EXPENSE	NET INCOME
	\$	\$	\$	\$	\$
TOTAL	\$	\$	\$	\$	\$