## Business Income Tax Return

**Municipality of Carlisle Income Tax Department**

760 W. Central Ave.
Carlisle OH 45005
WWW.CARLISLEOH.ORG
(937) 746-0556

**Business Income Tax Return**

Calendar Year ________. Due by April 15 of following year.

Fiscal Year ________ to ________ Due 4 months after fiscal year end.

**Type of Business:**
- Corporation
- Partnership
- “S” Corporation
- Other __________

**Federal Employer Identification No.**

<table>
<thead>
<tr>
<th>Name and Address (Indicate Changes)</th>
</tr>
</thead>
</table>

1. **Adjusted Federal Taxable Income** (section A, page 2) attach complete Federal Return & Schedules: $ __________

2. **Items Not Deductible** (From Line M, Schedule X on back): __________

3. **Items Not Taxable** (From Line Z, Schedule X on back): __________

4. **Enter Excess of Line 2 or 3**: __________

5. **Adjusted Net Income** (Line 1 plus or minus Line 4): __________

6. **Amount Apportioned to Carlisle** (If Schedule Y is used) __________ % of Line 5: __________

7. **Less Apportioned Loss Per Previous Tax Return** (attach schedules) 3 yr. Loss carry forward: $ __________

8. **Amount Subject to Municipal Income Tax**: __________

9. **Carlisle Tax Due - 1.50%**: __________

10. **Estimated Payments and Prior Year Overpayments**: __________

11. **Other Credits (Provide Explanation and Documentation)**: __________

12. **Total Credits (Add Lines 10, 11)**: __________

13. **Balance of Tax Due** (Subtract Line 12 from Line 5): __________

14. **Overpayment** (If Line 12 exceeds Line 9): __________

15. **Refund ________ Credit ________** (No refund if less than $5.00): __________

16. **Penalty ________ and Interest ________**: __________

17. **Balance Due (Add Lines 13 and 16)**: __________

## Declaration of Estimated Tax for Year 2015

### Mandatory Declaration of Estimated Tax for Year 2015

*If you owe more than $100 in tax that is not withheld, you must file and pay estimated tax.*

**2015 Estimated Tax**

18. **Total 2015 Estimated Tax Due**: __________

19. **Prior Years Credit (Line 15) Applied to First Quarterly Payment**: __________

20. **Balance of Quarterly Payment Due** (Line 18 minus Line 19 divided by 4): __________

21. **Total Due** (Add Lines 13 and 20) Make check or money order payable to Carlisle Income Tax Department: __________

Visa, Mastercard and Discover also accepted.

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 Fiscal 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**

**Address (And Zip Code)**

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

**Make Checks Payable toCarlisle Income Tax Department**
SECTION A  Adjusted Federal Taxable Income for S-Corporations and Partnerships

Ordinary Income for 1120 (Line 21) ............................................. $

Ordinary Income for 1120S (Line 21) or 1065 (Line 22) .......... $

Add Income/Losses reported to shareholders on Schedule K:

Net Income from Rental (Real Estate or Other) ...................................... $

Interest ........................................................................................................ $

Dividends .................................................................................................... $

Royalties ..................................................................................................... $

Capital Gain/ (Loss) .................................................................................. $

Other Income/ (Loss) ................................................................................ $

Total Additions ........................................................................................ $

Less Deductions Reported to shareholders on Schedule K

Charitable Contributions (Limited to 10% of Adjusted Taxable Income) ...................... $

Section 179 Depreciation ......................................................................... $

Other Deductions ..................................................................................... $

Total Deductions ...................................................................................... $

Adjusted Federal Taxable Income (generally AFTI for S-Corps equal Line 23, Schedule K) ................................................................. $

SECTION B  Total from Federal Schedule D, Form 4797 ........................................ $

SECTION C  Income from Rentals – from Schedule E ......................................... $

SECTION D  All Other Taxable Income ................................................................ $

TOTAL From Sections A, B, C, & D Enter on Page 1, Line 1 .............................. $

SCHEDULE X  Reconciliation with Federal Income Tax Return as Required by ORC Section 718

ITEMS NOT DEDUCTIBLE ADD ITEMS NOT TAXABLE DEDUCT

a. Federally deducted losses from IRC 1221
   or 1231 property disposion .......................................................... $ 

b. Five percent of intangible income reported in letter
   O. except that from IRC 1221 property disposion, ................ $ 

c. Taxes based on income (State) .......................................................... $ 

d. Taxes based on income (City) ........................................................... $ 

e. Guaranteed payments or accrual to or for current
   or former partners or members ...................................................... $ 

f. Federally Deducted dividends, distributions, or
   amounts set aside for, credited to, or distributed to
   REIT or RIC investors ................................................................. $ 

g. Federally deducted amounts paid or accrued to or
   for qualified self-employed retirement plans, health
   insurance plans, and life insurance plans for owners
   or owner-employees of non-C corp. entities ................................ $ 

h. Rental activities by partnership, S corp. or LLC, Trusts ................ $ 

i. Other ................................................................................................... $ 

m. Total (Enter Line 2a Other Side) ........................................................ $ 

z. Total (Enter Line 2b Other Side) ........................................................ $ 

SCHEDULE Y  Business Apportionment Formula

<table>
<thead>
<tr>
<th>A. LOCATED EVERYWHERE</th>
<th>B. LOCATED IN THIS CITY</th>
<th>C. PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>(B + A)</td>
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STEP 1. ORIGINAL COST OF REAL & TANGIBLE PERSONAL PROPERTY,  
GROSS ANNUAL RENTALS PAID MULTIPLIED BY 8 .................. ....... % 
TOTAL STEP 1 ................................................................................. % 

STEP 2. GROSS RECEIPTS FROM SALES MADE AND/OR WORK,  
OR SERVICES PERFORMED ............................................................. % 

STEP 3. WAGES, SALARIES AND OTHER COMPENSATION PAID,  
............................................................................................... % 

STEP 4. TOTAL PERCENTAGES ................................................. % 

STEP 5. AVERAGE PERCENTAGES  
(Divide Total Percentages by Number of Percentages Used Carry to Line 3b Page 1) ...... ......% 

Are 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  

.............................................