MUNICIPALITY OF CARLISLE
INCOME TAX DEPARTMENT
760 CENTRAL AVE.
CARLISLE OH 45005
WWW.CARLISLEOH.ORG
(937) 746-0556

BUSINESS INCOME TAX RETURN

CALORNE 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. ____________________________

NAME AND ADDRESS (INDICATE CHANGES)

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) ............................................................. ADD __________

3. ITEMS NOT TAXABLE (From Line Z, Schedule X on back) ................................................................................................................................. DEDUCT __________

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 __________________________

    LOSS ONLY AS ALLOWED UNDER OHIO REVISED CODE 718

7. LESS APPORTIONED LOSS PER PREVIOUS TAX RETURN (attach schedules) 5 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 9) (NOT DUE IF UNDER $10.01) $ __________

14. OVERPAYMENT (If Line 12 exceeds Line 9) $ __________

15. REFUND ________ CREDIT ________ (No refund if less than $10.01) .................................................................

16. PENALTY ________ AND INTEREST ________ .................................................................................................................................

17. BALANCE DUE (ADD LINES 13 AND 16) ............................................................................................ $ __________

DECLARATION OF ESTIMATED TAX FOR YEAR 2019

MANDATORY DECLARATION OF ESTIMATED TAX FOR YEAR 2019

IF YOU OWE MORE THAN $100 IN TAX THAT IS NOT WITHHELD, YOU MUST FILE AND PAY ESTIMATED TAX.

2019 ESTIMATED TAX

18. TOTAL 2019 ESTIMATED TAX DUE $ __________

19. PRIOR YEARS CREDIT (Line 19) 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 Federal return is made which affects tax liability shown on this return, an amended return will be filed within 3 months.

________________________________________________________________________________________________________________________________________

Signature (REQUIRED)  Phone (Date)  Preparer’s signature and phone (other than taxpayer) (REQUIRED) (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 CARLISLE 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

<table>
<thead>
<tr>
<th>ITEMS NOT DEDUCTIBLE</th>
<th>ADD</th>
<th>ITEMS NOT TAXABLE</th>
<th>DEDUCT</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Federally deducted losses from IRC 1221 or 1231 property dispositions .................. $</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Five percent of intangible income reported in letter 0, except that from IRC 1221 property dispositions .................. $</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Taxes based on income (State) .................................................................................. $</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Taxes based on income (City) .................................................................................. $</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Guaranteed payments or accruals to or for current or former partners or members .................................................. $</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Federally Deducted dividends, distributions, or amounts set aside for, credited to, or distributed to REIT or RIC investors .................................................. $</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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 .................................................. $</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Rental activities by partnership, S corp., or LLC, Trusts ........................................ $</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Other .................................................................................. $</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>m. Total (Enter Line 2a Other Side) .................................................................................. $</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>n. Capital gains (IRC 1221 or 1231 property dispositions except to the extent the income and gains apply to those described in IRC 1245 or 1250) .................................................. $</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>o. Federally reported intangible income such as, but not limited to interest, dividends, and patent and copyright income .................................................................................. $</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>p. Amount of Federal Tax Credit to the extent they have reduced corresponding operating expenses .................................................. $</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>q. Not previously deducted IRC Section 179 Expense ........................................ $</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>r. Partnership, S corp., LLC charitable contributions .................................................. $</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>s. Other .................................................................................. $</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>z. Total (Enter Line 2b Other Side) .................................................................................. $</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SCHEDULE Y  Business Apportionment Formula

<table>
<thead>
<tr>
<th>A. LOCATED EVERYWHERE</th>
<th>B. LOCATED IN THIS CITY</th>
<th>C. PERCENTAGE (B + A)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ORIGINAL COST OF REAL &amp; TANGIBLE PERSONAL PROPERTY ........................................</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GROSS ANNUAL RENTALS PAID MULTIPLIED BY 8 .................................................. %</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL STEP 1 .................................................................................. %</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GROSS RECEIPTS FROM SALES MADE AND/OR WORK OR SERVICES PERFORMED .................................................. %</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WAGES, SALARIES AND OTHER COMPENSATION PAID .................................................. %</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL PERCENTAGES .................................................................................. %</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Divide Total Percentages by Number of Percentages Used Carry to Line 3b Page 1) .................................................. %</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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