

**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. 

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NAME AND ADDRESS (INDICATE CHANGES)

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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 .....
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 9) ..... \$ 

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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)** ..... \$ 

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## DECLARATION OF ESTIMATED TAX FOR YEAR 2013

### MANDATORY DECLARATION OF ESTIMATED TAX FOR YEAR 2013

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

**2013 ESTIMATED TAX**

18. TOTAL 2013 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) ..... \$ 

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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 \_\_\_\_\_ (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 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**

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
a. Federally deducted losses from IRC 1221 or 1231 property dispositions ..... \$ _____		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)..... \$ _____	
b. Five percent of intangible income reported in letter O, except that from IRC 1221 property dispositions ..... \$ _____		o. Federally reported intangible income such as, but not limited to interest, dividends, and patent and copyright income..... \$ _____	
c. Taxes based on income (State) ..... \$ _____		p. Amount of Federal Tax Credit to the extent they have reduced corresponding operating expenses ..... \$ _____	
d. Taxes based on income (City) ..... \$ _____		q. Not previously deducted IRC Section 179 Expense ..... \$ _____	
e. Guaranteed payments or accruals to or for current or former partners or members..... \$ _____		r. Partnership, S corp, LLC charitable contributions ..... \$ _____	
f. Federally Deducted dividends, distributions, or amounts set aside for, credited to, or distributed to REIT or RIC investors..... \$ _____		s. Other ..... \$ _____	
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**

	A. LOCATED EVERYWHERE	B. LOCATED IN THIS CITY	C. PERCENTAGE (B + A)
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 \_\_\_\_\_  
 \_\_\_\_\_