

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)

- 1. **FEDERAL TAXABLE INCOME (section A, page 2) attach complete Federal Return & Schedules** 1 \$ _____
- 2. NET ADJUSTMENT (Line 2, Schedule X on back) 2 _____
- 3. ADJUSTED FEDERAL TAXABLE INCOME (Line 1 plus or minus Line 2) 3 _____
- 4. 2017 thru 2021 loss carryforward (LESSER of 50% of combined losses or 50% of Line 3; **see instructions**) 4 _____
- 5. Net Profit (Line 3 minus Line 4) 5 _____
- 6. AMOUNT APPORTIONED TO CARLISLE (If Schedule Y is used) _____ % of Line 5 6 _____
- 7. **AMOUNT SUBJECT TO MUNICIPAL INCOME TAX** (Line 6) 7 _____
- 8. **CARLISLE TAX DUE** (Line 7 multiplied by 1.5%) 8 \$ _____
- 9. ESTIMATED PAYMENTS AND PRIOR YEAR OVERPAYMENTS 9 _____
- 10. OTHER CREDITS (PROVIDE EXPLANATION AND DOCUMENTATION) 10 _____
- 11. TOTAL CREDITS (Add Lines 9, 10) 11 _____
- 12. **BALANCE OF TAX DUE** (Subtract Line 11 from Line 8) (NOT DUE IF UNDER \$10.01) 12 \$

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- 13. OVERPAYMENT (If Line 11 exceeds Line 8) 13 \$ _____
- 14. REFUND _____ CREDIT _____ (No refund if less than \$10.01) 14 _____
- 15. A. LATE FILING PENALTY (**\$25 PER MONTH, UP TO \$150 MAX**) 15A \$ _____
- B. LATE PAYMENT PENALTY (15% OF TAX DUE, **INCLUDING UNDERPAID ESTIMATES**) 15B _____
- C. LATE PAYMENT INTEREST (0.58% PER MONTH) 15C _____
- D. TOTAL PENALTIES, FEES AND INTEREST (Add Lines 15A through 15C) 15D _____
- 16. **BALANCE DUE (ADD LINES 12 AND 15D)** 16 \$

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DECLARATION OF ESTIMATED TAX FOR YEAR 2021

MANDATORY DECLARATION OF ESTIMATED TAX FOR YEAR 2021

IF YOU OWE MORE THAN \$200 IN TAX THAT IS NOT WITHHELD, YOU MUST FILE AND PAY ESTIMATED TAX.

2021 ESTIMATED TAX

- 17. TOTAL 2021 ESTIMATED TAX DUE 17 \$ _____
- 18. PRIOR YEARS CREDIT (Line 14) APPLIED TO FIRST QUARTERLY PAYMENT 18 _____
- 19. BALANCE OF QUARTERLY PAYMENT DUE (Line 17 minus Line 18 divided by 4) 19 \$ _____
- 20. **TOTAL DUE (Add Lines 16 and 19) Make check or money order payable to Carlisle Income Tax Department** 20 \$

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 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) _____

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 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 form 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)	\$ _____	q. Not previously deducted IRC Section 179 Expense	\$ _____
d. Taxes based on income (City)	\$ _____	r. Partnership, S corp, LLC charitable contributions	\$ _____
e. Guaranteed payments or accruals to or for current or former partners or members.....	\$ _____	s. Other	\$ _____
f. Federally Deducted dividends, distributions, or amounts set aside for, credited to, or distributed to REIT or RIC investors.	\$ _____	t. Total deductions	\$ _____
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 Additions	\$ _____	z. Net Schedule X adjustments (Line M minus Line T).....	\$ _____

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. APPORTIONMENT 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 _____
