

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. **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 _____
LOSSES 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)

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13. **BALANCE OF TAX DUE** (Subtract Line 12 from Line 9) (NOT DUE IF UNDER \$10.01) \$

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14. OVERPAYMENT (If Line 12 exceeds Line 9) \$ _____
15. REFUND _____ CREDIT _____ (No refund if less than \$10.01) _____
16. PENALTY _____ AND INTEREST _____

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

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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 15) APPLIED TO FIRST QUARTERLY PAYMENT

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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 (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 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) \$ _____		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. 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 _____
