HEATH INCOME TAX BUREAU OFFICE (740) 522-3427 1287 HEBRON RD. HEATH, OHIO 43056-1096

2021 BUSINESS TAX RETURN

CITY OF HEATH, OHIO

CALENDAR YEAR TAXPAYERS FILE BY: APRIL 15, 2022

FOR	OFFICE	USE	ONLY
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AMT. REC. _

	FISCAL YEAR TAXPAYERS					EC
		_ 20 & ENDIN			CASH _	CHECK #
	FILING REQU	IIRED EVEN IF N	O IAX IS D	UE	CAP	ISSU BY
					AUD.RE	EQ. Y N
					COPY N	MAILED DATE BY
					LETTER	R MAILED DATE BY
						F.I.D. #
						1.1.υ. π
						PHONE #
	CORRECT NAME AND ADDRESS ABOVE IF WRONG.					
١.	Taxable Income from Federal Return (Attach Copy of Fe	 ederal Return) From	n Form	Line		\$
2.	Adjustments (From line Q on Reverse, Schedule X)					\$
3.	Taxable Income before allocation (Line 1 plus/minus line	e 2)				\$
1.	Allocation Percentage (From Lines on Reverse, Schedule					\$
	Heath Taxable Income					\$
,						\$
	a. If Line 5 is a profit, then enter allowable 2017, 2018,					
	b. Heath Net Taxable Income (Subtract Line 5a from Lin					\$
6.	Heath Income Tax (Multiply line 5b by 2.0% (.02)					\$
7.	Estimates paid on this years liability					-
3.	Other Credits (Explain)			\$		
9.	Total Credits					\$
10.	Tax Due (Subtract line 9 from line 6)					\$
11.	LATE FILING.					
	a. Late Filing Charge @ \$25.00 per month (max-\$150.00)) (If filed after April 1	15th, 2022)			\$
	b. Interest @ .4167% per month or fraction thereof on ur	paid taxes				\$
	c. Penalty @ 15% on unpaid taxes					\$
	d. TOTAL OF LINE 11a, 11b, AND 11c					\$
12.	Total Due (Add lines 10 and 11d) (If more than \$10.00)					\$
13.						Ť
14.						_
				Φ		_
15.	Credit to next year by checking box			Φ		
	NECLADATION OF ESTIMATED TAY F	OD 0000	Required wh	ere tax due exceed	s \$200.00	
L	DECLARATION OF ESTIMATED TAX F	OR 2022				
16.	Total estimated income subject to tax					\$
17.	Multiply line 16 by 2% (.02) Balance of Heath City Inco	me Tax declared				\$
18.	Tax due before credits (at least 22½% of line 17)					\$
19.	Less credits (from 15 above)					\$
	Net estimated tax due (line 18 minus line 19)*					\$
	TOTAL AMOUNT DUE - Combine line 12 above with I					\$
		ine 20 (make oneon	no payable t	Treatif income taxy		Ψ
	t Quarter Estimate should be paid with this return.					
1	this return was prepared by a tax practitioner, check her	e if we may contac	ct him/her dir	ectly with questions	egarding ti	he preparation of this return.
	er penalty of perjury, the undersigned declares that table period stated and that the figures used herein ar					et and complete return for the
SIGN	ATURE OF PERSON PREPARING IF OTHER THAN TAXPAYER	DATE	SIGNATURE	OF TAXPAYER OR AGEN	Т	DATE
	E AND ADDRESS OF PREPARER	PHONE NUMBER	NAME AND	TITLE		PHONE NUMBER

SCHEDULE X

This schedule is used to adjust your federal net income to your Heath taxable income. The left column is for items deductible on the federal return, but not deductible under the Heath Ordinance. The right hand column is for items taxable on the federal return, but not taxable by Heath.

ITI	EMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXA	BLE	DEDUCT
A.	Federally deducted losses from IRC 1221 or 1231 property disposition\$		J. Federally reported or 1231 property extent the income		
В.	Five percent of intangible income reported		described in IRC	1245 or 1250	. \$
	On Line K (Sch.X), except that which is from IRC 1221 property disposition	\$		d intangible income such	
C.	Federally deducted taxes based on income	\$	as, but not limited and patent and c	d to, interest, dividends, opyright income	. \$
D.	Guaranteed payments or accruals to, or for, Current or former partners or members	\$	L. Amount of Federa extent they have operating expens	al tax credits to the reduced corresponding es	. \$
E.	Federally deducted dividends, distributions, Or amounts set aside for, credited to, or Distributed to REIT or RIC investors	\$	M. IRC Section 179		
F.	Federally deducted amounts paid or accrued To, or for, qualified self-employed retirement		N. Charitable contributions of Partnerships, S corp's, LLC's		. \$
	Plans, health insurance plans, and life insurance		•	d document)	
	non C corporation entities	\$		ONS (lines J thru O)	
G.	Rental activities by Partnership, S corp, LLC, Trusts	\$			
Н.	Other (explain and document)				
l.	TOTAL ADDITIONS (lines A thru H)				
	· · · · · · · · · · · · · · · · · · ·				
Q.	CALCULATE DIFFERENCE BETWEEN LINE I A	ND P, CARRY TO PAGE 1,	LINE 2		. \$
	SCHEDUL	e y – Business <i>A</i>	APPORTIONME	NT FORMULA	
	(THIS FOR	M IS TO BE USED BY NON	N-RESIDENTS OF HEAT		
	(THIS FOR	M IS TO BE USED BY NON	N-RESIDENTS OF HEAT A. Located Everywhere		C. Percentage (B ÷ A)
Ste	(THIS FOR ep 1. Average original cost of real & tangible		A. Located	TH, OHIO ONLY) B. Located in Heath	
Ste	·		A. Located Everywhere	TH, OHIO ONLY) B. Located in Heath	(B ÷ A)
Ste	ep 1. Average original cost of real & tangible		A. Located Everywhere	FH, OHIO ONLY) B. Located in Heath	(B ÷ A)
	ep 1. Average original cost of real & tangible Gross annual rentals multiplied by 8	personal property	A. Located Everywhere	FH, OHIO ONLY) B. Located in Heath \$	(B ÷ A) X X X X X X X X X X X X
Ste	ep 1. Average original cost of real & tangible Gross annual rentals multiplied by 8 TOTAL STEP 1	personal property work/services perform	A. Located Everywhere	SH, OHIO ONLY) B. Located in Heath Show the second of th	(B ÷ A) X X X X X X X X X X X X 1
Ste	ep 1. Average original cost of real & tangible Gross annual rentals multiplied by 8 TOTAL STEP 1 ep 2. Gross receipts from sales made and/or ep 3. Total wages, salaries, commissions & or	personal property work/services perform ther	A. Located Everywhere \$ \$ \$ \$	B. Located in Heath \$ \$ \$ \$ \$ \$	(B ÷ A) X X X X X X X X X X X X 1
Ste Ste	ep 1. Average original cost of real & tangible Gross annual rentals multiplied by 8 TOTAL STEP 1 ep 2. Gross receipts from sales made and/or ep 3. Total wages, salaries, commissions & or compensation of All employees	personal property work/services perform ther	A. Located Everywhere \$ \$ \$ \$ \$	S	(B ÷ A) X X X X X X X X X X X X 1
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