

2015 BUSINESS TAX RETURN

CITY OF HEATH, OHIO

CALENDAR YEAR TAXPAYERS FILE BY: APRIL 18, 2016

FISCAL YEAR TAXPAYERS FILE WITHIN 4 MONTHS FROM YEAR END

BEGINNING _____ 20 ____ & ENDING _____ 20 ____

FILING REQUIRED EVEN IF NO TAX IS DUE

FOR OFFICE USE ONLY

AMT. REC. _____
DATE REC. _____
CASH ____ CHECK ____ # _____
CAP ____ ISSU. ____ BY. _____
AUD.REQ. Y ____ N ____
COPY MAILED DATE ____ BY _____
LETTER MAILED DATE ____ BY _____

F.I.D. # _____

PHONE # _____

CORRECT NAME AND ADDRESS ABOVE IF WRONG.

1. Taxable Income from Federal Return (Attach Copy of Federal Return) From Form _____ Line _____	\$ _____
2. Adjustments (From line Q on Reverse, Schedule X)	\$ _____
3. Taxable Income before allocation (Line 1 plus/minus line 2)	\$ _____
4. Allocation Percentage (From Lines on Reverse, Schedule Y) _____ % (Multiply line 3 by line 4)	\$ _____
5. Heath Taxable Income	\$ _____
6. Heath Income Tax (Multiply line 5 by 1.5% (.015)	\$ _____
7. Estimates paid on this years liability	\$ _____
8. Other Credits (Explain)	\$ _____
9. Total Credits	\$ _____
10. Tax Due (Subtract line 9 from line 6)	\$ _____
11A. Penalty charge of \$25.00 for Delinquent Final Filing. _____ and Interest (1.5 per month) _____	\$ _____
11B. 2015 Estimated Tax Penalty (\$5.00 per quarter)	\$ _____
12. Total Due (If \$5.00 or more)	\$ _____
13. Overpayment (Line 9 greater than line 6)	\$ _____
14. Indicate Refund (If \$5.00 or more) by checking box	<input type="checkbox"/> \$ _____
15. Credit to next year by checking box	<input type="checkbox"/> \$ _____

DECLARATION OF ESTIMATED TAX FOR 2016

Required where tax due exceeds \$200.00

16. Total estimated income subject to tax	\$ _____
17. Multiply line 16 by 1.5% (.015) Balance of Heath City Income Tax declared	\$ _____
18. Tax due before credits (at least 22% of line 17)	\$ _____
19. Less credits (from 15 above)	\$ _____
20. Net estimated tax due (line 18 minus line 19)*	\$ _____
21. TOTAL AMOUNT DUE - Combine line 12 above with line 20 (make checks payable to Heath Income Tax)	\$ _____

*First Quarter Estimate should be paid with this return.

If this return was prepared by a tax practitioner, check here if we may contact him/her directly with questions regarding the preparation of this return.

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.

SIGNATURE OF PERSON PREPARING IF OTHER THAN TAXPAYER DATE

SIGNATURE OF TAXPAYER OR AGENT DATE

NAME 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.

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
A. Federally deducted losses from IRC 1221 or 1231 property disposition	\$ _____	J. Federally reported income/gain from IRC 1221 or 1231 property dispositions, except to the extent the income/gains apply to those described in IRC 1245 or 1250.....	\$ _____
B. Five percent of intangible income reported On Line K (Sch.X), except that which is from IRC 1221 property disposition	\$ _____	K. Federally reported intangible income such as, but not limited to, interest, dividends, and patent and copyright income.....	\$ _____
C. Federally deducted taxes based on income	\$ _____	L. Amount of Federal tax credits to the extent they have reduced corresponding operating expenses.....	\$ _____
D. Guaranteed payments or accruals to, or for, Current or former partners or members	\$ _____	M. IRC Section 179 expenses (not previously deducted)	\$ _____
E. Federally deducted dividends, distributions, Or amounts set aside for, credited to, or Distributed to REIT or RIC investors.....	\$ _____	N. Charitable contributions of Partnerships, S corp's, LLC's	\$ _____
F. 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 corporation entities	\$ _____	O. Other (explain and document)	\$ _____
G. Rental activities by Partnership, S corp, LLC, Trusts	\$ _____	P. TOTAL DEDUCTIONS (lines J thru O).....	\$ _____
H. Other (explain and document)	\$ _____		
I. TOTAL ADDITIONS (lines A thru H).....	\$ _____		
Q. CALCULATE DIFFERENCE BETWEEN LINE I AND P, CARRY TO PAGE 1, LINE 2			\$ _____

SCHEDULE Y - BUSINESS APPORTIONMENT FORMULA

(THIS FORM IS TO BE USED BY NON-RESIDENTS OF HEATH, OHIO ONLY)

	A. Located Everywhere	B. Located in Heath	C. Percentage (B ÷ A)
Step 1. Average original cost of real & tangible personal property	\$ _____	\$ _____	X X X X X X
Gross annual rentals multiplied by 8	\$ _____	\$ _____	X X X X X X
TOTAL STEP 1	\$ _____	\$ _____	1. _____ %
Step 2. Gross receipts from sales made and/or work/services perform	\$ _____	\$ _____	2. _____ %
Step 3. Total wages, salaries, commissions & other compensation of All employees	\$ _____	\$ _____	3. _____ %
Step 4. Total percentages			4. _____ %
Step 5. Average percentage (divide total percentages by number of percentages used, (zero not used)			5. _____ %

CARRY STEP 5 AVERAGE PERCENTAGE TO PAGE 1, LINE 4.

SCHEDULE Y-1 - RECONCILIATION TO FORM WHR, WITHHOLDING RECONCILIATION

Total wages allocated to Heath (from Federal Return or allocation formula)	\$ _____
Total wages shown on Form WHR (Withholding Reconciliation)	\$ _____
Please explain any difference	

