

Village of Anna
Department of Taxation
209 W Main St.
P.O. Box 140
Anna OH 45302

FORM B
2017

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CALENDAR YEAR TAXPAYERS FILE ON OR BEFORE APRIL 17TH
FISCAL AND PARTIAL YEARS FILE BY THE 15TH DAY OF THE 4TH MONTH FOLLOWING THE END OF THE PERIOD

FEDERAL IDENTIFICATION NUMBER: _____ SOCIAL SECURITY NO. _____

NAME AND ADDRESS:

BUSINESS RETURN

ATTACH COPIES OF ALL FEDERAL FORMS AND SCHEDULES

- 1. Income other than wages from Schedule Z\$ _____
- 2. Adjustment from Schedule X line C\$ _____
- 3. a. Net amount subject of income tax: total of lines 1 and 2\$ _____
b. Amount allocable if Schedule Y is used (_____ % of line 3a).....\$ _____
- 4. Allowable loss from Schedule W\$ _____
- 5. Total taxable income\$ _____
- 6. Municipal Tax Due: (1.75%).....\$ _____
- 7. Credits (A) Credit – carry forward from previous year\$ _____
(B) Payments on current declaration\$ _____
© Total Credits\$ _____
- 8. a. Balance of tax due (Line 6 minus Line 7C)\$ _____
b. Penalty _____ interest _____ Late Filing fee _____ \$ _____
- 9. Amount payable with this return (payment must accompany this form).....**PAY THIS AMOUNT** \$ _____
- 10. Over Payment _____ refund _____ credit to next year Declaration _____

DECLARATION OF ESTIMATED TAX FOR CALENDAR YEAR _____ TO _____

Computation of Estimated Tax

- 11. Estimated taxable income for year\$ _____
- 12. Estimated tax due\$ _____
- 13. Less: Tax to be withheld and/or paid to another city\$ _____
- 14. Balance of estimated city income tax due\$ _____
- 15. Credits: Overpayments claimed on previous year's return(_____)
- 16. Net tax due (line 14 less line 15).....\$ _____
- 17. Amount of tax payment enclosed with this return (Attach check for at least 22.5% of estimated
And 100 % of line 9).....\$ _____

The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated.

Signature of Taxpayer or Agent

Date

Signature of Paid Preparer

Title

Street Address of Firm or Employer Date

City State

Telephone

SCHEDULE W – ALLOWABLE LOSS CARRY FORWARD

YEAR	Loss attributed to this municipality
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total	\$ _____ carry to line 4, page 1

SCHEDULE X – RECONCILIATION WITH FEDERAL INCOME TAX RETURN

A. ITEMS NOT DEDUCTIBLE (FROM LINE J SCHEDULE X BELOW)..... ADD _____
 B. ITEMS NOT TAXABLE (FROM LINE O SCHEDULE X BELOW) DEDUCT _____
 C. ENTER TOTAL OF LINE A AND B (enter on line #2, pg. 1) \$ _____

ITEMS NOT DEDUCTIBLE		ADD	ITEMS NOT TAXABLE		DEDUCT
A. CAPITAL LOSSES DEDUCTED (EXCLUDING ORDINARY LOSS)	\$ _____		I. CAPITAL GAINS (EXCLUDING ORDINARY INCOME).....	\$ _____	
B. EXPENSES ATTRIBUTABLE TO NON-TAXABLE INCOME (5%).....	_____		J. INTEREST EARNED OR ACCRUED.....	_____	
C. TAXES BASED ON INCOME	_____		K. DIVIDENDS	_____	
D. NET OPERATING LOSS DEDUCTION PER FEDERAL RETURN.....	_____		L. INCOME FROM PATENTS AND COPYRIGHTS IF SUBJECT TO OHIO INTANGIBLE TAX.....	_____	
E. PAYMENTS TO PARTNERS.....	_____		M. JOBS CREDIT.....	_____	
F. SPECIAL DEDUCTION	_____		N. OTHER INCOME EXEMPT FROM CITY TAX (EXPLAIN).....	_____	
G. SHAREHOLDERS'/PARTNERS' RETIREMENT PLANS	_____		O. TOTAL DEDUCTIONS (ENTER AS LINE B ABOVE)	_____	
H. SHAREHOLDERS'/PARTNERS' HEALTH AND/OR LIFE INSURANCE..	_____				
I. OTHER EXPENSES NOT DEDUCTIBLE (EXPLAIN).....	_____				
J. TOTAL ADDITIONS (ENTER AS LINE A ABOVE)	_____				

SCHEDULE Y BUSINESS ALLOCATION FORMULA

	A. LOCATED EVERYWHERE	B. LOCATED IN THIS MUNICIPALITY	C. PERCENTAGE (B DIVIDED BY A)
STEP 1. AVERAGE 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	_____	_____	_____ %
4. TOTAL PERCENTAGES			_____ %
5. AVERAGE PERCENTAGE (BY NUMBER OF PERCENTAGES USED)		ENTER ON LINE 3B, PAGE 1	_____ %

BUSINESS ALLOCATION FORMULA

SCHEDULE Y A business allocation formula consisting of the average of property, gross receipts and wages paid, to be used by business entities not required to pay tax on entire net profits, by reason of doing business both inside and outside the Municipal city limits.

SPECIAL NOTE: Sales and gross receipts in the Municipality (Step 2) mean:

- All sales and tangible personal property which is shipped from the Municipality to purchasers outside of the Municipality regardless of where title passes if the taxpayer is not, through its own employees, regularly engaged in the solicitation or promotion of sales at the place where delivery is made.
- All sales of tangible personal property which is delivered within the Municipality regardless of where title passes, even though transported from a point outside the Municipality, if the taxpayer is regularly engaged through its own employees in the solicitation and the sales result from such solicitation or promotion.
- All sales of tangible personal property which is delivered within the Municipality, regardless of where title passes, if shipped or delivered from a stock of goods within the Municipality.

SCHEDULE Z

Income Other than Wages

Schedule C	\$ _____
Schedule E and Form 8825.....	\$ _____
Schedule F and Form 4835.....	\$ _____
Schedule K (1065 and 1120S).....	\$ _____
Form 4835	\$ _____
Form 1099 M	\$ _____
Form 1120	\$ _____
Form 1120S	\$ _____
Form 1065	\$ _____
TOTAL Carry to line 1, page 1	\$ _____

Attach copies of all forms and schedules.