

Form BR File With
VILLAGE OF LORDSTOWN
 Income Tax Department
 1455 Salt Springs Road, S.W.
 Lordstown, Ohio 44481

Business Tax Year _____
LORDSTOWN INCOME TAX RETURN

ORDINANCE NO. 41-77 • EFFECTIVE DATE OF 7/1/77
 AMENDED ORDINANCE 65-91

FILING REQUIRED EVEN IF NO TAX DUE ON OR BEFORE APRIL 15

(330) 824-2627 • FAX: (330) 824-3703

**MAKE CHECK OR MONEY
 ORDER PAYABLE TO:
 LORDSTOWN VILLAGE
 INCOME TAX**

PRINCIPAL BUSINESS ACTIVITY _____

CORPORATION PARTNERSHIP SOLE PROPRIETOR
 RENTAL PROPERTY

IF OTHER, EXPLAIN _____

BUSINESS TELEPHONE _____

FEDERAL I.D.# _____

IF YOU HAVE MOVED DURING CURRENT YEAR PLEASE GIVE DATE

MOVED IN _____ MOVED OUT _____

INCOME	1.	TOTAL INCOME FROM PAGE 2 OR ATTACHED COPIES OF FEDERAL RETURNS & SCHEDULES	\$ _____
	2a.	ITEMS NOT DEDUCTIBLE (FROM LINE M SCHEDULE X [FROM PAGE 2])	ADD \$ _____
ADJUST- MENTS TO INCOME	b.	ITEMS NOT TAXABLE (FROM LINE Z SCHEDULE X [FROM PAGE 2])	DEDUCT \$ _____
	c.	DIFFERENCE BETWEEN LINES 2a AND b TO BE ADDED TO OR SUBTRACTED FROM LINE 1	(+ OR -) \$ _____
	3a.	ADJUSTED NET INCOME (LINE 1 PLUS OR MINUS LINE 2c IF SCHEDULE X IS USED)	\$ _____
	b.	AMOUNT OF LINE 3a ALLOCABLE (_____ % FROM LINE 5 SCHEDULE Y)	\$ _____
	4.	AMOUNT SUBJECT TO LORDSTOWN INCOME TAX (LINE 3a OR 3b)	\$ _____
TAX	5.	LORDSTOWN TAX 1% OF LINE 4	\$ _____
	6.	CREDITS:	
	(a)	PAYMENTS AND CREDITS ON PREVIOUS YEARS DECLARATION OF ESTIMATED TAX ..	\$ _____
	(b)	PRIOR YEAR OVERPAYMENT	\$ _____
	(c)	TAXES PAID OTHER COMMUNITIES TO 1%	\$ _____
	(x)	TOTAL CREDITS ALLOWABLE	\$ _____
7.	IF LINE 5 GREATER THAN LINE 6x PAYMENT OF BALANCE MUST ACCOMPANY THIS RETURN: No payment due if Line 7 is 10.00 or less		TAX DUE \$ _____
8.	OVERPAYMENT TO BE REFUNDED \$ _____ OR CREDITED \$ _____ TO NEXT YEAR ESTIMATE If over 10.00		

DECLARATION OF ESTIMATED TAX FOR YEAR

9.	TOTAL INCOME SUBJECT TO TAX \$ _____ MULTIPLY BY TAX RATE OF 1% FOR GROSS TAX OF	\$ _____
10.	LESS EXPECTED TAX CREDITS	
	A. OVERPAYMENT FROM PRIOR YEAR(S)	\$ _____
	B. OTHER (EXPLAIN)	\$ _____
	C. TOTAL CREDITS	\$ _____
11.	NET TAX DUE (LINE 9 LESS LINE 10C)	\$ _____
12.	FIRST QUARTER DUE WITH THIS DECLARATION	\$ _____
13.	BALANCE OF ESTIMATED TAX DUE	\$ _____
14.	TOTAL OF THIS PAYMENT (LINE 7 PLUS LINE 12)	\$ _____

I CERTIFY THAT I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE. IF PREPARED BY A PERSON OTHER THAN TAXPAYER, THE DECLARATION IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE.

Signature of Person Preparing if Other Than Taxpayer _____ Date _____

Signature of Taxpayer or Agent (Required) _____ Date _____

Address _____ Telephone Number _____

Title, If Signing for a Business _____ Date _____

IN LIEU OF COMPLETING, YOU MAY ATTACH APPROPRIATE FEDERAL SCHEDULE(S)

SECTION A Profit (or Loss) from Business or Profession

- 1. TOTAL RECEIPTS, LESS ALLOWANCES, REBATES AND RETURNS
2. LESS Cost of Labor
3. GROSS PROFIT FROM SALES, ETC.
4. INTEREST
5. TOTAL BUSINESS INCOME BEFORE DEDUCTIONS

BUSINESS DEDUCTIONS

- 6. ADVERTISING AND PROMOTION
7. AUTO, TRUCK AND TRAVEL
8. INT. ON BUSINESS INDEBTEDNESS
9a. TAXES BASED ON INCOME
b. OTHER BUSINESS TAXES
10. SALARIES AND WAGES
11. DEPRECIATION, AMORTIZATION
12. RENTS
13. OTHER
14. TOTAL BUSINESS DEDUCTIONS
15. NET PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION

SECTION B Total from Federal Schedule D, Form 4797

SECTION C Income from Rents — from Federal Schedule E — Over \$250.00 Gross Monthly

Table with 6 columns: Kind & Location of Property, Amount of Rent, Depreciation, Repairs, Other Expenses, Net Income (Or Loss)

NET INCOME SECTION C

SECTION D All Other Taxable Income

INCOME FROM PARTNERSHIPS, ESTATES & TRUSTS: FEES, TIPS, COMMISSIONS AND MISCELLANEOUS

Table with 3 columns: RECEIVED FROM, FOR (DESCRIBE), AMOUNT

NET INCOME SECTION D

TOTAL From Sections A, B, C & D. Enter on Page 1, Line 1

SCHEDULE X. RECONCILIATION WITH FEDERAL INCOME TAX RETURN

Table with 4 columns: ITEMS NOT DEDUCTIBLE, ADD, ITEMS NOT TAXABLE, DEDUCT. Rows include Capital Losses, Expenses, Taxes, Net operating loss, Payments to partners, Contributions, Other expenses, Capital Gains, Interest Income, Dividends, Other.

SCHEDULE Y Business Allocation Formula

Table with 3 columns: a. LOCATED EVERYWHERE, B. LOCATED IN LORDSTOWN, c. PERCENTAGE (b ÷ a). Rows include STEP 1 (Original Cost of Real & Tang. Personal Property), STEP 2 (Gross Receipts from Sales), STEP 3 (Wages, Salaries and Other Compensation Paid), STEP 4 (Total Percentages), STEP 5 (Average Percentage).

SCHEDULE Z PARTNER'S SHARE OF INCOME

Table with 6 columns: 1. NAME AND MUNICIPALITY OR TOWNSHIP OF EA. PARTNER, 2. Resident (Yes/No), 3. Dist. Shares of Partners (Percent/Amount), 4. Other Payments, 5. Taxable Percentage, 6. Amount Taxable. Row 7: TOTAL From Section A and Section D above.