



ORRVILLE, OHIO
BUSINESS INCOME TAX RETURN

207 North Main Street
Orrville, Ohio 44667-1639
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330.684.5008

BUSINESS NAME / ADDRESS

CORPORATION () PARTNERSHIP ()
OTHER ()

AMENDED RETURN [] CONSOLIDATED RETURN [] FOR CALENDAR YEAR OR FISCAL YEAR BEGINNING
FINAL RETURN [] DATE BUSINESS CEASED _____ TO _____
DATE ACTIVITY BEGAN _____

Attach a copy of your federal return including all supporting schedules to the back of this form.

1) NET PROFIT SUBJECT TO CITY TAX ALLOCATION (LINE 6 FROM WORKSHEET X)
2) AMOUNT OF LINE 1 SUBJECT TO ORRVILLE TAX (___% FROM SCHEDULE Y, STEP 5)
3) INCOME TAX (1.0% OF LINE 2)
4) CREDITS: ESTIMATED TAX OR CARRYFORWARD
5) BALANCE OF TAX DUE (LINE 3 LESS LINE 4)
6) IF LINE 4 IS GREATER THAN LINE 3 (ENTER OVERPAYMENT)
CREDIT TO ___ TAX _____ AMOUNT OF REFUND

[] Check here to give us permission to contact your paid tax practitioner directly if we have 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, and understand that this information may be released to the Internal Revenue Service.

Signature of Person Preparing Return Date

Signature of Officer or Agent Date

Name of Person Preparing Return Phone Number

Name and Title Phone Number

WORKSHEET X Reconciliation with Federal Income Tax Return Per Ohio Revised Code 718.

1. FEDERAL TAXABLE INCOME before net operating losses and special deductions per attached Federal return (Form 1120, Line 28; Form 1120S, Schedule K, Line 18; Form 1120A, Line 24; Form 1120-REIT, Line 20; Form 1065 "Analysis of Net Income (Loss)", Line 1; Form 1041, Line 17; Form 990 T, Line 30)				1
2. Items not deductible (from Line 7J below)	2			
3. Items not taxable (from Line 8F below)	3			
4. Subtract Line 3 from Line 2 and enter the result here				4
5. Other City taxable income that is not shown on Federal return				5
6. Adjusted net income (total Lines 1, 4 and 5)				6
ITEMS NOT DEDUCTIBLE				
7.A. Capital / IRS Section 1231 losses deducted on Federal return	7A			
B. 5% of expenses not attributable to sale, exchange or other disposition of Sec 1221 property	7B			
C. Taxes based on income	7C			
D. Guaranteed payments to partners (not included in net profits)	7D			
E. Charitable contributions	7E			
F. Qualified retirement, health insurance and life insurance plans on behalf of owners/owner empl	7F			
G. Loss carried back or carried forward per Federal return (if included in Line 1 above)	7G			
H. Other expenses not deductible (attach documentation and/or explanation)	7H			
I. TOTAL ADDITIONS (enter here and on Line 2 above)				7I
ITEMS NOT TAXABLE				
8. A. Capital / IRS Section 1231 losses gains	8A			
B. Interest earned	8B			
C. Dividends earned	8C			
D. Certain royalty income	8D			
E. Other exempt income (attach documentation and/or explanation)	8E			
F. TOTAL DEDUCTIONS (enter here and on Line 3 above)				8F

SCHEDULE Y BUSINESS ALLOCATION FORMULA

ACCOUNT NAME: _____

FED ID#: _____

ACCOUNT NUMBER: _____

	a. LOCATED EVERYWHERE	b. LOCATED IN ORRVILLE	c. PERCENTAGE (b/a)
STEP 1. Average original cost of real & tangible personal property	_____	_____	
Gross annual rental paid multiplied by 8	_____	_____	
TOTAL STEP 1	_____	_____	_____ %
STEP 2. Wages, salaries, etc. paid employees	_____	_____	_____ %
STEP 3. Gross receipts from sales made and/or work services performed	_____	_____	_____ %
STEP 4. TOTAL PERCENTAGES			_____ %
STEP 5. AVERAGE PERCENTAGE (Divide total percentages by number of percentages used)			_____ %
	CARRY TO LINE 2 OF YOUR RETURN		_____ %