

2013 BUSINESS PICKERINGTON CITY INCOME TAX

FISCAL YEAR DATES

FROM

TO

File with the City of Pickerington Division of Taxation 100 Lockville Road Pickerington, Ohio 43147-1321 Phone: (614) 837-4116 • Fax: (614) 833-2201 E-Mail: tax@pickerington.net Website: www.pickerington.net Tax Tool or Fill-In Form available on website under Departments/Income tax

FILING REQUIRED EVEN IF NO TAX DUE ON OR BEFORE APRIL 15, 2014 FISCAL YEAR - FILE WITHIN 3 1/2 MONTHS FROM YEAR-END

Make Checks and Money Orders Payable to City of Pickerington

PLEASE MAKE NECESSARY CORRECTIONS TO NAME/ADDRESS

BUSINESS TAX RETURN

PRINCIPAL BUSINESS ACTIVITY

- CORPORATION PARTNERSHIP SOLE PROPRIETOR RENTAL PROPERTY

IF OTHER, EXPLAIN

BUSINESS TELEPHONE

FEDERAL I.D. #

BUSINESSES LOCATED IN PICKERINGTON: IF YOU HAVE MOVED DURING CURRENT YEAR PLEASE GIVE DATE OF MOVE INTO PICKERINGTON OR OUT OF PICKERINGTON

TO PAY BY CREDIT CARD ONLINE Visit www.pickerington.net Paymentus, the service provider, charges a nominal fee for this service

INCOME 1. TOTAL INCOME FROM PAGE 2 OR ATTACHED COPIES OF FEDERAL RETURNS & SCHEDULES \$ 2a. ITEMS NOT DEDUCTIBLE (FROM LINE G SCHEDULE X [FROM PAGE 2]) ADD \$ 2b. ITEMS NOT TAXABLE (FROM LINE Z SCHEDULE X [FROM PAGE 2]) DEDUCT \$ 2c. DIFFERENCE BETWEEN LINES 2a AND b TO BE ADDED TO OR SUBTRACTED FROM LINE 1 (+ OR -)

ADJUSTMENTS TO INCOME 3a. ADJUSTED NET INCOME (LINE 1 PLUS OR MINUS LINE 2c IF SCHEDULE X IS USED) \$ 3b. AMOUNT OF LINE 3a MULTIPLIED BY FROM LINE 5 SCHEDULE Y \$ 3c. LESS ALLOCABLE NET LOSS PER PREVIOUS PICKERINGTON INCOME TAX RETURN (SUBMIT SCHEDULE) \$ (ONE YEAR CARRYFORWARD ONLY) 4. AMOUNT SUBJECT TO PICKERINGTON INCOME TAX (LINE 3a OR 3b LESS LINE 3c) \$ 5. PICKERINGTON TAX 1% OF LINE 4 (.01 MULTIPLIED BY LINE 4) \$ 6. CREDITS: (a) PRIOR YEAR OVERPAYMENT \$ (b) PAYMENTS AND CREDITS ON DECLARATION OF ESTIMATED TAX \$ (c) TOTAL CREDITS ALLOWABLE \$ 7. IF LINE 5 IS GREATER THAN LINE 6c PAYMENT OF BALANCE MUST ACCOMPANY THIS RETURN: TAX DUE \$ 8. OVERPAYMENT TO BE REFUNDED (NO REFUND LESS THAN \$1.01) \$ OR CREDITED \$ TO NEXT YEAR ESTIMATE 9. LATE FILING FEE: \$15.00 \$ FAILURE TO ESTIMATE FEE: \$25 \$ PENALTY: Multiply line 7 by 10% (0.10) \$ TOTAL CHARGES \$ INTEREST: Multiply line 7 by 1 1/2% (0.015) X # MONTHS = \$ 10. TOTAL DUE. PAYMENT TO "CITY OF PICKERINGTON TAX DEPT." MUST ACCOMPANY RETURN IF \$1.01 OR MORE TOTAL DUE \$

VOUCHER 1 DECLARATION OF ESTIMATED TAX FOR YEAR 2014 REQUIRED BY LAW IF EXPECTED LIABILITY \$50 OR MORE. Penalty For Noncompliance (Plus Penalty and Interest) 11. TOTAL INCOME SUBJECT TO TAX \$ MULTIPLY BY TAX RATE OF 1% FOR GROSS TAX OF \$ 12. LESS EXPECTED TAX CREDITS A. OVERPAYMENT FROM PRIOR YEAR(S) \$ B. OTHER (EXPLAIN) \$ C. TOTAL CREDITS \$ 13. NET TAX DUE (LINE 11 LESS LINE 12C) \$ 14. AMOUNT PAID WITH THIS DECLARATION (1/4 OF ESTIMATE AMOUNT DUE WITH THE FILING OF THIS RETURN) \$ (VOUCHERS FOR REMAINING PAYMENTS ARE AVAILABLE ON THE CITY'S WEBSITE.) 15. TOTAL PAYMENT INCLUDED WITH RETURN (LINE 7 OR 10 AND 14) \$

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.

Check box if we may discuss this return with your preparer.

(SIGNATURE OF PERSON PREPARING RETURN) (DATE) (SIGNATURE OF TAX PAYER OR AGENT) (DATE) (ADDRESS OR NAME AND ADDRESS OF FIRM OR EMPLOYER) (TITLE) (PHONE NO.)

**SECTION A – FEDERAL TAXABLE INCOME**

Federal Taxable Income (FTI) is a C corporation's federal taxable income (i.e., net profits) before net operating losses and special deductions (line 28 of Form 1120). If you are not a C corporation or an individual, the new provisions in Ohio Revised Code 718 for non-C corporations state the following: "IF THE TAXPAYER IS NOT A C CORPORATION AND NOT AN INDIVIDUAL, THE TAXPAYER SHALL COMPUTE ADJUSTED FEDERAL TAXABLE INCOME AS IF THE TAXPAYER WERE A C CORPORATION." This means the figure shown as FTI (line 18 if filing a Form 1120S, schedule K, line 1 Analysis of net Income (Loss) if filing a Form 1065, or line 17 if filing a Form 1041) must first be adjusted as if computing it for line 28 on the Form 1120.

Place the adjusted figure here ..... \$ \_\_\_\_\_

**SECTION B – TOTAL FROM FEDERAL SCHEDULE D, FORM 4797.**

**SECTION C – INCOME FROM RENTS - FROM FEDERAL SCHEDULE E**

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

Amount	Received From	FOR (DESCRIBE)

NET INCOME SECTION D ..... \$ \_\_\_\_\_

**TOTAL From Sections A, B, C & D.** Enter on Page 1, Line 1 ..... \$ \_\_\_\_\_

**SCHEDULE Y – BUSINESS APPORTIONMENT FORMULA**

	a. LOCATED EVERYWHERE	b. LOCATED IN THIS MUNICIPALITY	c. PERCENTAGE (b ÷ a)
<b>STEP 1.</b> AVERAGE ORIGINAL COST OF REAL & TANG. PERSONAL PROPERTY ....	_____	_____	_____
GROSS ANNUAL RENTALS PAID MULTIPLIED BY 8.....	_____	_____	_____
TOTAL STEP 1 .....	_____	_____	_____
<b>STEP 2.</b> GROSS RECEIPTS FROM SALES MADE AND/OR WORK OR SERVICES PERFORMED.....	_____	_____	_____
<b>STEP 3.</b> WAGES, SALARIES AND OTHER COMPENSATION PAID.....	_____	_____	_____
<b>STEP 4.</b> TOTAL PERCENTAGES.....	_____	_____	_____
<b>STEP 5.</b> AVERAGE PERCENTAGE (Divide total Percentages by Number of Percentages Used).....	_____ (Carry to Line 3b, Page 1)		

**SCHEDULE X – BUSINESS RECONCILIATION WITH FEDERAL INCOME TAX RETURN**

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
a. Capital Losses (Excluding Ordinary Losses) .....	\$ _____	h. Capital gains (Excluding Ordinary Gains) .....	\$ _____
b. 5% of amount deducted as intangible income .....	\$ _____	j. Interest, Dividend, Patent, and Copyright income .....	\$ _____
c. Taxes based on income .....	\$ _____	k. Other (Explain) (including IRC section 179 expense and Charitable Contributions, if not included in Federal Taxable Income calculations) .....	\$ _____
d. Guaranteed payments to partners.....	\$ _____		
e. Amounts for qualified self-employed retirement, health & life insurance plans for owners of non-C corporation entities, or self-employment tax.....	\$ _____		
f. Other (including all amounts allowed as a deduction in the computation of federal taxable income for real estate investment trusts and regulated investment companies).....	\$ _____		
g. Total Additions (Enter Line 2a Other Side).....	\$ _____	z. Total Deductions (Enter Line 2b Other Side) .....	\$ _____

**SCHEDULE Z – PARTNER'S/OWNER'S SHARE OF INCOME**

1. NAME AND MUNICIPALITY OR TOWNSHIP OF EA. PARTNER/OWNER	2. Resident		3. Dist. Shares of Partners/Owners		4. Other Payments	5. Taxable Percentage	6. Amount Taxable
	Yes	No	Percent	Amount			
				\$	\$		\$
7. TOTALS SECTION A THRU D			100	\$			

The Name and Address shown below are as they appear on our records. Please make necessary corrections.

ACCT. NUMBER: \_\_\_\_\_ SS#/FID#: \_\_\_\_\_

Calendar Year Due Date July 15, 2014 or Fiscal Date

CHECK THIS BOX IF THIS IS AN AMENDED DECLARATION

- 1. 2014 NET ESTIMATED TAX ..... \$ \_\_\_\_\_
- 2. LESS PREVIOUS PAYMENTS TO DATE ..... \$ \_\_\_\_\_
- 3. BALANCE 2014 ESTIMATED TAX DUE (line 1 less line 2) ..... \$ \_\_\_\_\_

AMOUNT OF THIS QUARTERLY INSTALLMENT (Not less than 1/3 of line 3) .... \$ \_\_\_\_\_

Return This Voucher & Make Payable to:

City of Pickerington  
Division of Taxation  
100 Lockville Rd.  
Pickerington, OH 43147

TO PAY BY CREDIT CARD ONLINE



Visit [www.pickerington.net](http://www.pickerington.net)

Paymentus, the service provider, charges a nominal fee for this service

File and Pay Online at <https://www.webconnet01.civicacmi.com/pickeringtonTax/Default.aspx>

The Name and Address shown below are as they appear on our records. Please make necessary corrections.

ACCT. NUMBER: \_\_\_\_\_ SS#/FID#: \_\_\_\_\_

Calendar Year Due Date October 15, 2014 or Fiscal Date

CHECK THIS BOX IF THIS IS AN AMENDED DECLARATION

- 1. 2014 NET ESTIMATED TAX ..... \$ \_\_\_\_\_
- 2. LESS PREVIOUS PAYMENTS TO DATE ..... \$ \_\_\_\_\_
- 3. BALANCE 2014 ESTIMATED TAX DUE (line 1 less line 2) ..... \$ \_\_\_\_\_

AMOUNT OF THIS QUARTERLY INSTALLMENT (Not less than 1/2 of line 3) .... \$ \_\_\_\_\_

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The Name and Address shown below are as they appear on our records. Please make necessary corrections.

ACCT. NUMBER: \_\_\_\_\_ SS#/FID#: \_\_\_\_\_

Calendar Year Due Date December 15, 2014 or Fiscal Date

CHECK THIS BOX IF THIS IS AN AMENDED DECLARATION

- 1. 2014 NET ESTIMATED TAX ..... \$ \_\_\_\_\_
- 2. LESS PREVIOUS PAYMENTS TO DATE ..... \$ \_\_\_\_\_
- 3. BALANCE 2014 ESTIMATED TAX DUE (line 1 less line 2) ..... \$ \_\_\_\_\_

AMOUNT OF THIS QUARTERLY INSTALLMENT (PAY BALANCE SHOWN ON LINE 3) \$ \_\_\_\_\_

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