



**CITY OF SPRINGFIELD  
DIVISION OF TAXATION**  
P O BOX 5200  
SPRINGFIELD, OH 45501  
TELEPHONE: 937-324-7357  
FAX: 937-328-3471  
www.ci.springfield.oh.us

**2014 Springfield-Beckley Joint Economic Development District  
(JEDD) BUSINESS INCOME TAX RETURN**

Due by April 15, 2015 or Within 3½ months after fiscal year end.

IF FISCAL OR PART-YEAR  
MONTH BEGINNING \_\_\_\_\_ AND MONTH ENDING \_\_\_\_\_

NAME AND ADDRESS (INDICATE CHANGES)

TYPE OF BUSINESS  
Corporation \_\_\_\_\_ Partnership \_\_\_\_\_  
"S" Corporation \_\_\_\_\_ Other \_\_\_\_\_  
Sole Proprietors: Use Individual Income Tax Return

Federal Employer Identification Number:  
\_\_\_\_\_  
Telephone Number \_\_\_\_\_

1. **INCOME TOTAL TAXABLE** (Per Copy Federal Form 1120, 1065 or appropriate return attached) ..... \$ \_\_\_\_\_

2. ITEMS NOT DEDUCTIBLE (From Schedule X. Line m below) ..... ADD \_\_\_\_\_

3. ITEMS NOT TAXABLE (From Schedule X, Line z below) ..... BELOW \_\_\_\_\_

4. ENTER EXCESS OF LINE 2 OR 3 ..... \$ \_\_\_\_\_

5. ADJUSTED NET INCOME (Line 1 plus or minus Line 4) ..... \$ \_\_\_\_\_

6. **AMOUNT SUBJECT TO MUNICIPAL INCOME TAX** (If Schedule Y is used \_\_\_\_\_% of Line 5) ..... \$ \_\_\_\_\_

7. **JEDD TAX DUE** (Line 6 x 1%) ..... \$ \_\_\_\_\_

8. ESTIMATED PAYMENTS ..... \$ \_\_\_\_\_

9. PRIOR YEAR OVERPAYMENT ..... \$ \_\_\_\_\_

10. TOTAL CREDITS (Add Lines 8 and 9) ..... \$ \_\_\_\_\_

11. **BALANCE OF TAX DUE** (Subtract Line 10 from Line 7) ..... \$ \_\_\_\_\_

12. PENALTY \$ \_\_\_\_\_ INTEREST \$ \_\_\_\_\_ UNDER-PAYMENT OF ESTIMATED TAX \$ \_\_\_\_\_ TOTAL \$ \_\_\_\_\_

13. OVERPAYMENT (If Line 10 exceeds Line 7) ..... \$ \_\_\_\_\_

14. REFUND \_\_\_\_\_ CREDIT TO 2015 ..... \$ \_\_\_\_\_

**ESTIMATED TAX**

15. TOTAL 2015 ESTIMATED TAX DUE ..... \$ \_\_\_\_\_

16. QUARTERLY AMOUNT DUE (25% OF Line 15) ..... \$ \_\_\_\_\_

17. PRIOR YEAR CREDIT (Line 14) APPLIED TO FIRST QUARTERLY PAYMENT ..... \$ \_\_\_\_\_

18. BALANCE OF QUARTERLY PAYMENT DUE within 4 months after beginning of fiscal year (Line 16 minus Line 17) ..... \$ \_\_\_\_\_

19. **TOTAL DUE** (Add Lines 11, 12 and 18). Make check or money order payable to City of Springfield if \$1.00 or more ..... \$ \_\_\_\_\_

..... Check # \_\_\_\_\_

**SCHEDULE X - RECONCILIATION WITH FEDERAL INCOME TAX RETURN**

<u>ITEMS NOT DEDUCTIBLE</u>	<u>ADD</u>	<u>ITEMS NOT TAXABLE</u>	<u>DEDUCT</u>
a. Capital Losses (IRC 1221 or 1231) .....	\$ _____	n Federally reported intangible income such as, but not limited to, interest, dividends, patent or copyright income	\$ _____
b. Five percent (5%) of intangible income reported in letter "n", excluding IRC 1221 Capital Losses	_____	o. Capital Gains (IRC 1221 or 1231)	\$ _____
c. Interest and/or other expenses incurred in the production of non-taxable income	_____	p. IRC Section 179 expense	\$ _____
d. Income taxes, City and State (if deducted as expense) .....	_____	q. Other items not taxable (explain)	\$ _____
e. REIT distributions .....	_____	_____	\$ _____
f. Net Operating Loss deduction per Federal Return .....	_____	_____	\$ _____
g. Guaranteed payments to partners .....	_____	_____	\$ _____
h. Retirement plan payments (Keogh, IRA, or other self-employment retirement plans.) .....	\$ _____	_____	\$ _____
i. Health insurance and/or life insurance payments for owners or owner/employees of non-C Corp entities	_____	_____	\$ _____
j. Other items not deductible (explain)	_____	_____	\$ _____
m. <b>TOTAL ADDITIONS</b> .....	\$ _____	z. <b>TOTAL DEDUCTIONS</b> .....	\$ _____

**SCHEDULE Y - BUSINESS APPORTIONMENT FORMULA**

	a. LOCATED EVERYWHERE	b. LOCATED IN THE JEDD	c. PERCENTAGE (b ÷ a)
<b>STEP 1</b> Original cost of real and tangible personal property .....	_____	_____	_____
Gross annual rents paid multiplied by 8 .....	_____	_____	_____
Total STEP 1 .....	_____	_____	_____%
<b>STEP 2</b> Gross receipts from sales made and/or work/services performed (see Instructions).....	_____	_____	_____%
<b>STEP 3</b> Total wages, salaries, commissions and other compensation of all employees .....	_____	_____	_____%
<b>STEP 4</b> Total percentages .....	_____	_____	_____%
<b>STEP 5</b> Average percentage (Divide total percentages by number of percentages used.) (Enter here and on Line 6 above.) .....	_____	_____	_____%

The undersigned declares that this return (and accompanying schedules and statements) 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 if an audit of the Federal return is made which affects the tax liability shown on this return, an amended return will be filed within 3 months. The undersigned understands that this information may be released to other City Tax Administrators under a shared information plan.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_ Preparer's Signature (Other Than Taxpayer) \_\_\_\_\_ Date \_\_\_\_\_

If this return was prepared by a tax practitioner, may we contact your practitioner directly with questions regarding the preparation of this return? P YES P NO Address and Zip Code \_\_\_\_\_ Phone number \_\_\_\_\_

**ACCOUNT INFORMATION UPDATE**

Complete all questions fully. The information below will be used to update information currently on file.

BUSINESS NAME \_\_\_\_\_

NATURE OF BUSINESS \_\_\_\_\_

JEDD LOCATION \_\_\_\_\_

HOME OFFICE LOCATION \_\_\_\_\_

HOME OFFICE TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

DATE BUSINESS BEGAN IN THE JEDD \_\_\_\_\_

NAME AND ADDRESS OF STATUTORY AGENT \_\_\_\_\_

DO YOU SUBCONTRACT LABOR TO PERFORM WORK IN THE JEDD .....  YES  NO

If YES, copies of 1099's issued and/or a schedule showing a breakdown of amounts paid, how much of said work was performed in JEDD, names to whom paid including addresses, social security numbers and/or federal identification numbers, must be submitted to this office by April 15.

DO YOU HAVE EMPLOYEES WORKING IN THE JEDD .....  YES  NO

If YES, copies of employee W-2 forms must be submitted by February 28.

Employers with more than 250 employees may submit W-2 information electronically using the Social Security Administrators MMRED-1 filing requirements by March 31.

Please refer to City of Springfield Codified Ordinance, Chapter 195.